

Business Customer Questionnaire

Tell Us About Your Business

BUSINESS NAME: _____

DBA (if applicable): _____

Business Location: _____
(No PO Boxes)

City/State/Zip: _____

What year was the entity formed? _____

Country/State of formation: _____

Number of locations _____

What market areas does this business serve? _____

Business Structure (Type of Ownership)

- | | | |
|--|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> LLP |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Organization | <input type="checkbox"/> Club |
| <input type="checkbox"/> Other _____ | | |

Type of Business _____

NAICS Code _____

Website _____

Where is the company headquartered? _____

Referred to us by _____

Business Identification *(copy required for our records)*

Is business registration status current or in good standing?

Yes **Business registered in which State?** _____

No **If registration is not required for this entity type, check appropriate documentation provided as identification for business**

For ALL Corporations, LLCs, and LLPs business types, verify business registration with State.

Florida: <http://dos.myflorida.com/sunbiz/search/>
Other: www.coordinatedlegal.com/SecretaryOfState

Check documentation being provided

- Copy of FL Dept. of Financial Institutions **approved** application
- Copy of IRS EIN assignment letter
- Copy of General Partnership Agreement
- Florida Certificate of Exempt Status (Form S-204)
- Copy of IRS 501(c) registration confirmation
- Sole Proprietorship—Proprietor identified
- Organization—Signers identified
- Trust Agreement - Trustees identified

If a fictitious name is used, is the registration current?

Yes

No **If NO, Fictitious name must be registered within 30 days of account opening**

Business Types Requiring approvals Prior to Opening an Account

Is the business type any of the following? Foreign business entity, Foreign government, Foreign politically exposed person, Foreign currency exchange, Money Service Business, adult entertainment business, dating service, or third party payment processor, Private ATM business.

Yes No

If yes, STOP. Obtain necessary approvals prior to opening an account relationship.

Approvals obtained?

Yes, approval documented

Prohibited Business Types

Does the business engage in any of the following? Issuer or exchange house for virtual currency, engage in marijuana-related business activities (medicinal, production, transportation or sales), or engage in any Internet gambling?

Yes No

If Yes, STOP. Account cannot be opened.

Does the ownership allow for bearer shares?

Yes No

If Yes, STOP. Account cannot be opened.

Other Business Information

Business Customer Questionnaire

What is the source of funds for ongoing transactions? Check all that apply

- a.) Revenue/sales
 b.) Rental Income
 c.) Interest Dividends
 d.) Commissions
 e.) Escrows
 f.) Sales/Other tax
 f.) Other _____

What is the gross annual revenue of the business?

- < \$100,000
 \$100K - \$500K
 \$500K - \$1M
 \$1M - \$10M
 \$10M - \$50M
 \$50M - \$100M
 > \$100M

Is this a trust account? (if yes, check the structure of the trust)

- Yes No

- a.) Revocable Living trust
 b.) Irrevocable Trust
 c.) Trust under will
 d.) Other, be specific _____

Do you expect to send wires outside of the USA? Yes No

If Yes, which countries may you send wires to?

Do you expect to receive wires from outside of the USA? Yes No

If Yes, which countries may you receive wires from?

Does the business engage in purchases or sales of the following?

- Yes, check all that apply. No

- a.) Aircraft
 b.) Boats, watercraft
 c.) Trucks, cars and/or motorcycles
 d.) RVs/Mobile Homes
 e.) Farm Equipment
 f.) all other motor vehicles

Does the business operations include any of the following?

- Yes, check all that apply. No

- a.) Law firm
 b.) Accounting Services
 c.) Medical services
 d.) Lending
 e.) Securities Broker/Sales
 f.) Portfolio Management
 g.) Real Estate Broker
 h.) Insurance Sales
 i.) Property Management
 j.) Investment advice
 k.) Title Insurance and Real Estate closing

**List areas of law practiced _____

Does the business operate as any of the following?

- Yes, check all that apply. No

- a.) Restaurant
 b.) Tavern/Bar
 c.) Liquor store
 d.) Convenience store
 e.) Gas station
 f.) Casino or card club
 g.) Travel agency or tour operator
 h.) Parking garage
 i.) Import/Export company
 j.) Telemarketer
 k.) Leather goods dealer
 l.) Jewel, gem or precious metal dealer
 m.) Vending machine management
 n.) Tobacco, Vapor sales
 o.) Guns, firearms, ammunition sales
 p.) Pawn shop
 q.) Nail salon
 r.) Auction House
 s.) Chartering of watercraft, buses, aircraft

Additional Business Activity

If YES to any item in this section, complete the appropriate Business Activity Addendum before opening an account.

R2 Does the business operate as any of the following?

- a.) Religious Organization
 b.) Charitable Organization
 Yes
 No



Business Customer Questionnaire

		If YES, complete R2 Addendum.
R3 Does the business offer any of these services to its customers? <i>a.) Accepting checks/money orders/traveler checks as payment for goods with more than \$100 cash back permitted?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, STOP. Obtain necessary approvals prior to opening an account relationship
<i>b.) Check Cashing</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>c.) Currency Exchange (foreign or domestic)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>d.) Money Transmission</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>e.) Sale of money orders or travelers checks</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>f.) Stored value cards/prepaid cards?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R4 Does the business own or service an Automated Teller Machine (ATM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, complete R4 Business Activity Addendum.
Additional Business Information (optional): _____ _____ _____		
<p>I certify that the above named business does not engage in any of the following: Issuer or exchange house for virtual currency, engage in marijuana-related business activities (medicinal, production, transportation or sales), or engage in any Internet gambling.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><i>Signature of authorized business representative</i> <i>Date</i></p>		
Bank Use Only: CIF: _____ BSA Approval, if required to open account : _____ Additional Comments: _____ Reviewed By: _____		

(2018)