



## Business Customer Questionnaire

### Tell Us About Your Business

**BUSINESS NAME:** \_\_\_\_\_

**DBA (if applicable):** \_\_\_\_\_

**Business Location:** \_\_\_\_\_  
(No PO Boxes)

**City/State/Zip:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Website** \_\_\_\_\_

**What date 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"/> Financial Institution | <input type="checkbox"/> Government        | <input type="checkbox"/> NP Club/Org |
| <input type="checkbox"/> Sole Proprietorship   | <input type="checkbox"/> Single-member LLC |                                      |
| <input type="checkbox"/> Other _____           |  |                                      |

**Is this a publicly traded company?**  Yes  No

**Type of Business** \_\_\_\_\_

**NAICS Code** \_\_\_\_\_

**In what country is the company headquartered?** \_\_\_\_\_

**Referred to us by** \_\_\_\_\_

### Business Identification *(copy required for our records)*

**Is business registered to do business in Florida?**

Yes

No **Business registered in which State?** \_\_\_\_\_

**If registration is not required for this entity type, check appropriate documentation provided as identification for business.**

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

Yes

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

**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](http://www.coordinatedlegal.com/SecretaryOfState)

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

### Business Types Requiring Approvals Prior to Opening an Account

**Does your business involve 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



## Business Customer Questionnaire

### 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?  
**Does the ownership allow for bearer shares?**

Yes     No  
**If Yes, STOP. Account cannot be opened.**

Yes     No  
**If Yes, STOP. Account cannot be opened.**

### Other Business Information

**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     e.) 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 (obtain BSA approval)     c.) Testamentary Trust (under will)  
 d.) Other, be specific \_\_\_\_\_

**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 provide any of the following services?**

Yes, check all that apply.     No

- a.) Accounting     b.) Funds Management     c.) Insurance     d.) Investment Advice  
 e.) Legal services\*\*     f.) Medical services     g.) Notary services     h.) Real estate closings  
 i.) Tax preparation     j.) Trust Management     k.) Property Management     l.) Title services

\*\*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, Vape 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 Is your company a charity or nonprofit organization? (Does the company depend, in whole or in part, on charitable donations?)**

Yes     No

If YES, complete R2 Addendum.



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<b>R3 Does the business offer any of these services to its customers?</b> <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	<b>If yes, STOP.</b> 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	
<b>R4 Does the business own or service an Automated Teller Machine (ATM)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, complete R4 Business Activity Addendum.

Additional Business Information (optional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

\_\_\_\_\_  
*Signature of authorized business representative*
\_\_\_\_\_  
*Date*

**Bank Use Only**

CIF: \_\_\_\_\_      BSA Approval, if required to open account : \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Reviewed By: \_\_\_\_\_