

Business Account Confirmation Document

Please provide the following information and fill out in its entirety. If something doesn't apply you must write 'N/A':

1. Primary Business Owner: _____

2. Name of Your Business: _____

a. If business name is an acronym (ex. ABC), what does it stand for? _____

b. Doing Business as (DBA): _____

c. Business Website: _____

3. Tax Identification Number (TIN/EIN): _____

4. Nature of Your Business: _____

5. Business Telephone Number: _____

6. Business Mailing Address: _____

7. Physical Location Address (cannot be a PO box; include all physical locations): _____

8. Will you be receiving any funds from a marijuana related business? _____

9. Will you be involved in the manufacturing, sale, or distribution of any marijuana or cannabis related products? _____

10. Legal structure of your business for tax-reporting purposes (select one):

Sole Proprietorship	Limited Liability Company (LLC)	Corporation	Non-Profit
Partnership	Public Funds	Club (If yes, how many members? _____)	

11. Does your business provide one or more of the following services? (Check all that apply)

Finance & Insurance	Money Services Business (MSB)	Legal Service Provider
Real Estate	Food Services _____	Restaurant
Liquor Store	Convenience Store	Vending Machine Operator
Retail _____	Consulting _____	Construction
Administrative Services	Charity or Non-Governmental Organization (NGO)	Transportation _____
Parking Garage	Cigarette Distributor	Internet Gambling
Import/Export	Privately Owned ATM (Number of ATMs _____)	Services Provided _____
Other _____		

12. Anticipated Business Activity: Please check all that apply. (If business is newly established, please still provide anticipated estimates)

Wires

Outgoing Wires	Yes or	No	If Yes,	Domestic	International	Average Amount _____
Incoming Wires	Yes or	No	If Yes,	Domestic	International	Average Amount _____

Cash Deposits

Yes or No If Yes, Monthly Average Amount _____

Check Deposits

Yes or No If Yes, Monthly Average Amount _____

Do you cash checks for others? Yes or No If yes, is there a maximum dollar amount? _____

Do you issue Money Orders? Yes or No If yes, is there a maximum dollar amount? _____

ACH (Automatic Deposits/Withdrawals)

Yes or No If Yes, Domestic International

Monthly Average Amount for Deposits _____ Monthly Average Amount for Withdrawals _____

Debit Cards Transactions

Yes or No If Yes, Monthly Average Amount _____

13. Business Products (check all products that you wish to utilize)

Business Savings(required) Free Business Checking Free Debit Card Free Box of Checks
Business Money Market Sub-Savings Account Business CD Online Banking

14. Additional Business Products (check all products that you wish to learn about)

ACH Cash Management Remote Deposit Capture Card Merchant Services

15. Please provide a description of your business's primary trade area (check all that apply):

Local Community Statewide Domestic U.S. International Other

16. What is the purpose/type of transaction for which your BluCurrent Business Account will be used?

Operating/General Purpose Escrow Management Savings/Investment Other: _____

17. How close is your primary business location to a BluCurrent branch?

Less than 5 miles Less than 10 miles Less than 20 miles Less than 50 miles More than 50 miles

18. Do you have accounts for this business with an institution other than BluCurrent? Yes No (If yes, please list below)

19. Description of the source of the initial deposit: _____

Certification of Beneficial Owner(s)

Persons opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:

Name (First, Middle, Last Name): _____

Title: _____ Phone Number: _____

Section 1

Please provide the following information for an individual(s) if any, who directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interest of the legal entity listed above. CHECK HERE IF NO INDIVIDUAL MEETS THIS DEFINITION AND COMPLETE SECTION II.

BENEFICIAL OWNER 1 INFORMATION

% of Ownership _____ Will this owner be a signer? Yes No

Name (First, Middle, Last Name) _____

Employer: _____

SSN: _____

Occupation: _____

Date of Birth: _____

Driver's License Number: _____

Phone: _____

State (or Country) of Issue: _____

Email Address: _____

Expiration Date: _____

Physical Address: _____

Mother's Maiden Name: _____

Mailing Address: _____

BENEFICIAL OWNER 2 INFORMATION

% of Ownership _____ Will this owner be a signer? Yes No

Name (First, Middle, Last Name) _____

Employer: _____

SSN: _____

Occupation: _____

Date of Birth: _____

Driver's License Number: _____

Phone: _____

State (or Country) of Issue: _____

Email Address: _____

Expiration Date: _____

Physical Address: _____

Mother's Maiden Name: _____

Mailing Address: _____

BENEFICIAL OWNER 3 INFORMATION

% of Ownership _____ Will this owner be a signer? Yes No

Name (First, Middle, Last Name) _____
SSN: _____
Date of Birth: _____
Phone: _____
Email Address: _____
Physical Address: _____
Mailing Address: _____

Employer: _____
Occupation: _____
Driver's License Number: _____
State (or Country) of Issue: _____
Expiration Date: _____
Mother's Maiden Name: _____

BENEFICIAL OWNER 4 INFORMATION

% of Ownership _____ Will this owner be a signer? Yes No

Name (First, Middle, Last Name) _____
SSN: _____
Date of Birth: _____
Phone: _____
Email Address: _____
Physical Address: _____
Mailing Address: _____

Employer: _____
Occupation: _____
Driver's License Number: _____
State (or Country) of Issue: _____
Expiration Date: _____
Mother's Maiden Name: _____

Section II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

***If appropriate, an individual listed under Section I may also be listed in this section.**

Name (First, Middle, Last Name) _____
SSN: _____
Date of Birth: _____
Phone: _____
Email Address: _____
Physical Address: _____
Mailing Address: _____

Employer: _____
Occupation: _____
Driver's License Number: _____
State (or Country) of Issue: _____
Expiration Date: _____
Mother's Maiden Name: _____

I, _____ (*name of person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further agree to notify BluCurrent if there are any changes to this information. I understand that my credit and ChexSystems may be pulled as apart of the decisioning process.

Signature: _____ Date: _____