



BUSINESS ACCOUNT APPLICATION

It is the policy of THE BRAND BANKING COMPANY to require Tax Identification numbers on all accounts. This number will need to be in the legal name of business. THE BRAND BANKING COMPANY will be authorized to use your TAX ID number to acquire credit information and report any interest income earned to the IRS, if applicable. Appropriate business documentation will be dependent on type of business entity (i.e., sole proprietorship, corporation, LLC, etc.).

Legal Name of Business/Title of Account: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Estate |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Association | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Intermediary |
| <input type="checkbox"/> Corporation – For Profit/Non-Profit | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Public Funds/Government |

Tax ID Number or EIN: _____

Date Business Established: _____

INFORMATION ABOUT YOUR BUSINESS

Type of Business (gas station, restaurant, etc.): _____
(MSBs and Legal Gambling entities require additional documentation and approval of BSA Officer prior to opening.)

Purpose of account: (Operations, Payroll, Lottery, etc.) _____

Check the Services and Products that Your Business Offers Customers: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Check Cashing Services | <input type="checkbox"/> Wiring of Funds (Western Union, etc.) |
| <input type="checkbox"/> Sale of Money Orders | <input type="checkbox"/> ATM Machine Owned by the Business |
| <input type="checkbox"/> Sale of Gift Cards, Phone Cards, Payroll Cards, etc. | |
| <input type="checkbox"/> Foreign Currency Exchange | |

Source of Funds: _____

Anticipated Monthly Amounts: Deposits \$ _____

Withdrawals \$ _____

Average Balance \$ _____

NAICS _____
Internal Use Only

Physical Address: _____
City State Zip Code

Mailing Address (if different from above): _____
City State Zip Code

Business Phone: _____ Other Business Phone (if applicable): _____ Fax: _____

Email: _____ Website Address: _____

Brand Bank Offers the following Products/Services to Business Customers: (check all that you are interested in)

- | | | |
|---|--|---|
| <input type="checkbox"/> ACH | <input type="checkbox"/> Bill Pay Service | <input type="checkbox"/> Domestic Wires (Outgoing or Incoming) |
| <input type="checkbox"/> Brand Bank ATM/CheckCard | <input type="checkbox"/> Remote Deposit | <input type="checkbox"/> International Wires (Outgoing or Incoming) |
| <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Large Cash Volume | |

Initial Deposit: Check _____ Cash _____ Amount: \$ _____ Current or Previous Bank: _____



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Names and titles of Officers and/or Authorized signers:

The undersigned applicant authorizes THE BRAND BANKING COMPANY to obtain information from banks, credit agencies, ChexSystems and others for the purpose of obtaining a business checking, savings, time deposit account, or safe deposit box. I certify that I am a U.S. person (including a U.S. alien).

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notice is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful internet gambling. By signing below you are certifying that you are not engaged in unlawful internet gambling.

Signature of Business Owner/Officer

Title

Date

INTERNAL USE ONLY:

CSR: _____ OFFICER APPROVAL (if required) : _____