



Business Account Questionnaire

Full Legal Business Name: _____

Doing Business As (DBA): _____

1. Do you do any of the following at any of your business locations: *check cashing, traveler's check or gift card sales, money transmission*? Yes No
2. Do you have any Automated Teller Machines (ATMs) installed at any of your business locations?
 Yes No If "Yes", how many? _____
3. Does the Business derive any income directly or indirectly from a marijuana-related business? Yes No
4. Does the Business invest in, or conduct transactions with, cryptocurrency (e.g. Bitcoin)? Yes No
5. Does the Business accept payments in connection with the participation of another person in a bet or wager that involves the use of the Internet? Yes No If "Yes", please provide details:

6. Nature of Business: _____

7. Describe your Products and Services: _____

8. Business Type: Sole Proprietorship Partnership Corporation LLC LLP Other (explain):

9. How long has the Business been in operation? _____ Years _____ Months _____ New
10. List the Business website(s): _____

Signer on Business Completing Questionnaire:

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Thank you for completing the above information. This information helps us to understand your business needs so that we may serve you better.

We Make **MONEY** Simple