Business Information and Activity Assessment

Businesses requesting membership must provide the following information and submit this form.

BUSINESS DETAILS

Name of Business: _____

Type of Business: _____
Type of entity (i.e. Corporation, LLC, Sole Proprietor, DBA, Partnership, Non-profit, etc.)

Nature of Business: _____
Describe the product and/or services offered

1) Do either you or this business have a current business license? ☐ Yes ☐ No

2) The gross annual revenue for this business was $_____ as of the last tax year.

3) The anticipated gross annual revenue for the current tax year is $_____.

4) Is your business a "Money Services Business" as defined by Bank Secrecy Act regulation? ☐ Yes ☐ No

5) Does your business derive income directly or indirectly from Hemp, CBD, or Marijuana sales? ☐ Yes ☐ No

6) Do you engage in the Import or Export of goods or services outside the U.S.? ☐ No ☐ Yes – If Yes, where _____

7) Do you pay your employees using your checking account? ☐ Yes ☐ No

8) Do you pay your employees in cash? ☐ Yes ☐ No

9) Does your business have a website? ☐ No ☐ Yes – If Yes, list the web address _____

BUSINESS SALES AND SERVICES YOU OFFER: INDICATE YES OR NO FOR EACH ITEM

Sales of –		Services for -	
Cashier's Checks	☐ Yes ☐ No	ATM Withdrawals	☐ Yes ☐ No
Gift Cards	☐ Yes ☐ No	Check Cashing	☐ Yes ☐ No
Lottery Tickets	☐ Yes ☐ No	Collection Services	☐ Yes ☐ No
Marijuana, CBD, Hemp	☐ Yes ☐ No	Currency Exchange	☐ Yes ☐ No
Money Orders	☐ Yes ☐ No	Internet Gambling	☐ Yes ☐ No
Stored Value Cards	☐ Yes ☐ No	Payday Loans	☐ Yes ☐ No
Travelers Checks	☐ Yes ☐ No	Wire Transfers – Domestic or Foreign	☐ Yes ☐ No

ACCOUNT ACTIVITY: INDICATE THE TYPE AND VOLUME OF ACTIVITY YOU EXPECT WITHIN THE ACCOUNT

Type of Activity		Frequency			Dollar Amount Based on Selected Frequency
Currency Deposits -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Currency Withdrawals -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Check Deposits -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Check Withdrawals -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Credit Card Payment Deposits -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Debit Card Payment Deposits -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
ACH Deposits -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
ACH Withdrawals -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Incoming International Wires -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Outgoing International Wires -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Incoming Domestic Wires -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____
Outgoing Domestic Wires -	☐ Yes ☐ No	☐ Daily	☐ Weekly	☐ Monthly	$ _____

By signing below, I/We certify that the information provided above is true, correct, accurate and complete as of the date indicated below. I/We further understand and agree that I/we will provide updated information at any time when requested by completing a new Questionnaire. I/We will provide this information within ten (10) business days of any such request. I/We understand the account may be restricted or closed at any time without notice.

Signature _____ Print Name _____ Date _____