

Clay County State Bank

New Non-Individual (Business/Organization) Customer Questionnaire

Legal Name:

Address:

City:

State:

Zip:

Phone:

Federal Tax ID:

Governing State:

Doing Business As (DBA) Name(s):

Business Description:

Type of Business (Corporation, Non-profit, Sole Proprietor, etc):

Own and/or operate a Money Service Business (MSB)?

Does your business or organization act as an Internet Gambling business?

Own and/or operate a private ATM?

Security Question - In what year was the business established?

Own and/or operate a Marijuana Related Business (MRB)?

Article of Incorporation (if applicable):

State:

Date Issued:

Trade Name (if applicable):

Authority:

Date Issued:

Business License (if applicable):

Authority:

Date Issued:

Other Documents (if applicable):

Authority:

Date Issued:

Domestic Operations involving ACH and/or Wire Activity (indicate type):

International Operations or Transactions (indicate type):

Estimated Annual Sales and Volume of CASH Activity:

Estimated Number of Employees:

Parent Company:

FEIN:

Street Address

Phone:

City:

State:

ZIP Code:

I authorize Clay County State Bank to verify the information provided on this form as to Federal law requiring all financial institutions to obtain, verify and record information that identifies each person who opens an account as stipulated in Section 326 of the USA Patriot Act.

Signature of applicant:

Date:

For Office Use Only

Verified By and Date:

Checked By and Date: