

**Commercial Check Cashing Application**

*For verification and customer due diligence purposes only*

Thank you for your interest in establishing a commercial check cashing relationship with our Company. In order to proceed in opening your account with us, we ask that you please provide us the following information at your earliest convenience.

Date:

# Business owner contact information:

What is your position with the company?

(Owner, President, Member, CEO, Partner)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: First | M.I. |  | Last |  |
| Home Address: | City | State |  | Zip |

SS#

DL#

DOB: / /

Cell #

Home #

Business #

Email Address: Occupation:

Does anyone else have ownership in the business?

If so, Who?

Their contact address:

Their phone number:

Authorized signers on your bank account, including title/position:

1.

2.

3.

# Business entity information:

Business/Entity name:

Doing Business As:

Business Address: City State Zip

Type of business entity (check one): Sole Proprietor Corporation LLC Partnership Other

*If a Corporation, Limited Liability Company (LLC), Limited Partnership (LP), Limited Liability Partnership (LLP),*

What is your EIN/TIN #: Date business opened: Type of business: License #:

State incorporated:

How many checks will you be cashing with us per month?

What is the anticipated average check amount that will be cashed with us? What is the largest check amount you will be cashing (approximately)? **Documentation required to establish a relationship include:**

* Organizational documentation
* Corporate resolution
* Proof of EIN
* Business license
* Driver’s license

**Signature**: **Date**:

By signing this Commercial Check Cashing Application, I hereby agree to all the terms, conditions, and fees as charged by the Company negotiating instruments on my behalf, of all checks presented by entity. I certify that I am duly authorized representative of the company allowed to carry out the business of the company and negotiate checks on behalf of the company or authorize others to do so as indicated with the Resolution Granting Authority to Cash Company Checks attached here to. I further agree that in addition, any and ALL information listed above and provided is true and correct and any misrepresentation will immediately disqualify me from conducting business with the Company and may subject me to personal responsibility, including civil or criminal liability and that the Company may at any time, with or without notice, terminate my ability to negotiate checks without cause. By signing this document, I authorize the Company to confirm any and all information contained within this document for purposes of customer due diligence, know your customer, and customer identification requirements as required