



NEW BUSINESS MEMBER ASSESSMENT

BUSINESS INFORMATION

Name of Business: _____

Tax ID #: _____ Business Type: _____

Physical Address: _____

Additional Address: _____

City: _____ ST: _____ Zip+4: _____ - _____

Phone # 1: _____

Phone # 2: _____ Account Password: _____

Fax Number: _____

Primary Contact – Signer Name: _____ Title: _____

FOM: _____ NAICS Code: _____ ChexSystems: _____

GENERAL INFORMATION

Is business on the Unacceptable Business Types List? Yes No – Cannot open an account when yes

Does business sell monetary instruments? Yes No – Cannot open an account when yes

Is business a non-bank financial institution? Yes No – Cannot open an account when yes

Is 25% or more of business owned by non-U.S. person? Yes No – Cannot open an account when yes

Is business registered in Florida? Yes No – Cannot open an account when no

Is business owned by another business entity? Yes No – Name is: _____

Is business In Home? Yes No

Is business non-profit or charitable organization? Yes No

Is business a telemarketer? Yes No

Is business conduct via the internet? Yes No If yes, provide web address: _____

Annual Sales _____

Number of employees / members (club, assoc.) _____

Lines of business _____

Purpose of account _____

Other financial institution used for business purposes _____

NAME AND % OF BUSINESS OWNERSHIP EQUAL TO OR GREATER THAN 25%

OWNER NAME	% OF OWNERSHIP
_____	_____
_____	_____
_____	_____

NEW BUSINESS MEMBER ASSESSMENT

MONTHLY CASH ACTIVITY

Daily Cash & Coin Needs _____

Average number & amount of cash deposits #: _____ \$: _____

Average number & amount of cash withdrawals #: _____ \$: _____

MONTHLY WIRE TRANSFER ACTIVITY

Average number & amount of domestic incoming wires. #: _____ \$: _____

Average number & amount of domestic outgoing wires. #: _____ \$: _____

Average number & amount of foreign incoming wires. #: _____ \$: _____

Foreign incoming originating countries. _____

Average number & amount of foreign outgoing wires. #: _____ \$: _____

Foreign outgoing destination countries. _____

INTERNATIONAL TRANSACTIONS

Are international transactions expected to be routine? Yes No

If yes, explain: _____

If Yes, list vendors/suppliers used. _____

Products imported and/or exported. _____

Indicate countries used for import/export. _____

BUSINESS ACCOUNTS AND SERVICES

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> EZ Business Checking | <input type="checkbox"/> Business Savings | <input type="checkbox"/> Merchant Cash Advance | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Business Checking Plus | <input type="checkbox"/> Business Lending | <input type="checkbox"/> Merchant Services | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Advantage Business Checking | <input type="checkbox"/> Cloud Computing | <input type="checkbox"/> Web Design & Development | <input type="checkbox"/> Web Hosting |
| <input type="checkbox"/> Business Money Market | <input type="checkbox"/> Business Debit Cards (List the name of authorized Debit Card holders in the Comments Section below.) | | |

COMMENTS SECTION

CREDIT UNION USE

Prepared by: _____ Date: _____