Business Customer Profile Worksheet

Critical Notice to New Customers: Federal regulations require all financial institutions to obtain, verify and retain identifying information for each person or entity that opens an account. Due to these regulations we will ask for the following information and, **in addition, upon our discretion, we may ask to see and copy other identifying documents as part of our review process.**

***Completed only for Non-Money Service Businesses** – MSBs complete CM-0006 MSB Application

How did you hear about Merchants Bank of California (MBOC)?

☐ Referred by:_____

☐ Met Bank Representative at Conference (Please provide name of conference):_____

☐ Other (Specify):_____

SECTION 1: APPLICANT IDENTIFICATION

Name of Business: _____

Fictitious Business Name(s): _____

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ LP ☐ LLP ☐ Corporation ☐ LLC ☐ Association ☐ Trust/Estate ☐ Client Trust-State Bar account ☐ Non-Profit/Charitable Organization

EIN or SSN (as applicable): _____

Physical Street Address: _____

City, State: _____ ZIP or Foreign Country: _____

Mailing Address (if different from Physical Address): _____

City, State: _____ ZIP or Foreign Country: _____

Business Telephone: _____ Fax Number: _____

E-mail: _____ Website Address: _____

Number of years the Business has been operating: _____

Does the Business have more than one location under the same Business Name/DBA? ☐ No ☐ Yes

If "Yes", how many? _____ (Provide addresses for each location):

_____

_____

_____

_____

Has this Business or any Affiliated Companies had/or have been required to rescind any permits, licenses, and/or registrations within the last 5 years for any reason? ☐ No ☐ Yes - provide a written explanation

Has this Business, Parent company, Owners, Directors, or Senior Management ever been charged with or convicted of a financial crime? ☐ No ☐ Yes - provide a written explanation

SECTION 2: BUSINESS SERVICES OF APPLICANT

Provide Summary of Business Operations:_____

_____

_____

_____

_____

_____

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1. Does the Business intends to or already cater to clients in the Gambling or Pornography Industries? ☐ NO ☐ YES
2. Does the Business intend to or does it already utilize a payment processor or any other non-regulated outside service to clear negotiable items? ☐ NO ☐ YES
3. Does the Business operate ATM machines at their location(s)? ☐ NO **(Skip to Section 3)** ☐ YES

   If "YES" - How many ATM machines total does the Business Operate: _____
4. If "YES" to Question 3, will the Business withdraw cash from MBOC to service ATM machines? ☐ NO ☐ YES

   If "NO" - what Bank will the cash be withdrawn from to service each ATM machine? _____

   If "YES" - how much estimated cash will be withdrawn on a daily basis: _____

SECTION 3: OTHER BANKING RELATIONSHIPS

Will this be the only account relationship that this Business establishes? ☐ NO ☐ YES

(If NO, please provide a list of each Bank and a written explanation as to what services will/are being utilized at the other Bank(s))

SECTION 4: ESTIMATED TRANSACTION VOLUME RANGE

Transaction Type	Total Dollar Volume Anticipated	Total # of Transactions
Volume of monthly Check Deposits	$	
Cash Deposited Each Month	$	
Cash Withdrawn Each Month	$	
Total ACH Credits Each Month	$	
Total ACH Debits Each Month	$	
Outgoing Wire Transfers	$	
Incoming Wire Transfers	$	
Cashier's Check Purchases	$	

Signature

By signing below I certify under penalties of perjury that the information provided on this Business Profile Worksheet is correct and complete.

_____ _____

Printed Name Title

_____ _____

Signature Date

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Customer Information	☐ Principal ☐ Authorized Signer	
Name (First, Middle, Last):		
Date of Birth:		Sex:
SSN/ITIN:		
Physical Street Address:		
City, State:		
Zip or Foreign Country:		
Primary Contact Phone #:		
Primary form of Identification:	ID #:	Type of ID:
	State/Country Issued:	Exp. Date:
Title/Occupation:		
Mother's Maiden Name:		

Customer Information	☐ Principal ☐ Authorized Signer	
Name (First, Middle, Last):		
Date of Birth:		Sex:
SSN/ITIN:		
Physical Street Address		
City, State:		
Zip or Foreign Country:		
Primary Contact Phone #:		
Primary form of Identification:	ID #:	Type of ID:
	State/Country Issued:	Exp. Date:
Title/Occupation:		
Mother's Maiden Name:		

Customer Information	☐ Principal ☐ Authorized Signer	
Name (First, Middle, Last):		
Date of Birth:		Sex:
SSN/ITIN:		
Physical Street Address:		
City, State:		
Zip or Foreign Country:		
Primary Contact Phone #:		
Primary form of Identification:	ID #:	Type of ID:
	State/Country Issued:	Exp. Date:
Title/Occupation:		
Mother's Maiden Name:		