

Corporation / Partnership Application Packet

Thank you for choosing Hilton Check Cashing as your commercial check cashing provider. We will strive to make your experience with us courteous and efficient and will go the extra step to cash your check.

The New York State Department of Financial Services requires that we gather certain information from our customers. This information is completely confidential and is only available for inspection by the NYS Dept. of Financial Services

Please complete all information in this packet and notarize as needed.

When complete please fax to (516) 908-4789

NOTE: ONLY ALL complete list ofdocuments and completely filled out application will be accepted.

Thank you!

Corporation / Partnership APPLICATION FOR COMMERCIAL CHECK CASHING ACCOUNT

Name of Company:					
Form of organization (check one)	□ Corporation□ Partnership		Limited Liability Company		
Address:					
City, State, Zip:					
Name of Contact Person:					
Office Phone:		Fax Phone:			
Cell Phone:		II D1			
Bank Name:					
Bank Account Number:					
Bank Account Officer:		Phor	ne:		
Type of Business:					
Reason check cashing Services neede	:d				
1. Executed Resolution Granting 2. Appropriate Affidavit authoriza ffidavit must be signed by the 3. As Appropriate - By-Laws, G 4. As appropriate - New York S Records Receipt. Articles of G 5. Internal Revenue Service letter The undersigned, on behalf of the aborequests a commercial check cashing the above purposes only and will not requirements, conceal the nature or villegal purposes of any kind. The undersigned attests that the information of the conduct any bank account officer, provided hereing itself that the Company qualifies for a service of the conduct any qualifies for a service of the company qualifies for a service of t	Authority to Cash Conzing individual to cash of e corporate officers and Operating Agreement, Postate Division of Corporation, Certificate or assigning the Entity and account with Hilton Chabe used to avoid or circulation of business being mation provided hereing reasonable backgrounds, or take any other steps	mpany Checchecks mad I / or shareh Partnership Artnership Artnersh	le in the company name. The holders (attached) Agreement or equivalent. Ificate of Incorporation and State ation or equivalent.) hereby In account will be used for y financial reporting I by the Company or for any accurate, and hereby authorizes ions or credit inquiries, contact necessary in order to satisfy		
Signature:		Date:			
Print Name:		Γitle			

Affix Corporate Seal

AFFIDAVIT VERIFYING CORPORATE SIGNING AUTHORITY

	(Name)		_(title)
of	(Con	npany).	
AKE OATH AND SAY:			
1. That I am an officer or director of within or annexed instrument.		(Company), r	name in th
2. I am authorized by the Corporation to exec	cute the instrument withou	t affixing a corpo	rate seal.
3. I hereby authorize	as a person author	orized to negotiate	e any
check on behalf of			
SWORN BEFOREME at the City of	in the	of	
thisday of,		01	
Signature			
Signature			
A Commissioner for Oaths in and for			

REQUIRED DOCUMENTS:

For the Cashing of Commercial checks

- 1. Drivers License of <u>owner of the company</u> and <u>ID for person authorized to cash</u> the checks on company's behalf.
- 2. A COPORATE DOCUMENT SHOWING OWNER'S NAME, BUSINESS NAME AND ADDRESS.

Examples:

- a. Tax return
- b. K-1 form
- c. SS-4 federal form
- 3. Certificate of Incorporation (if a corporation)
 - a. or certificate of Formation (if LLC or limited partnership)
 - b. or certificate of fictitious name (if a partnership)
- 4. Letterhead from the company identifying <u>each individual</u> authorized to cash checks made payable to the business and the largest authorized amount to be cashed.
- 5. Copy of Corporate filing receipt.
- 6. Federal EIN: (copies)
 - 1. Certificate of authority
 - 2. Tax return showing company EIN#.