

Standard Banking Application

Please provide the following documents to support the approval of your account.

- | | | |
|---|---|---|
| <input type="checkbox"/> Application (attached) | <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Driver's License / Passport (clear & color copy) |
| <input type="checkbox"/> Operating Agreement | <input type="checkbox"/> Business License | <input type="checkbox"/> Signed NDA |
| <input type="checkbox"/> EIN Document | <input type="checkbox"/> Utility Bill (as proof of address) | <input type="checkbox"/> Proof of Compliance Software |

COMPANY PROFILE

Merchant Name (DBA or Trade Name):			Corporate Legal Name:		
Location Address:			Corporate Address:		
City, State:	ZIP Code:	Country:	City, State:	ZIP Code:	Country:
Contact Name:		Email Address:	Technical Contact:		Email Address:
Telephone Number:		1-800 Support Number:	Incorporation Date:		Federal Tax ID (EIN No.):
Does your company sell Medical MJ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			
Does your company sell Adult Use MJ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Length of time in business?		Number of Employees:	
Have you ever filed for a Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Anticipated monthly cash deposits:		Anticipated monthly electronic/check deposits:	

OWNERSHIP PROFILE (must equal 100%)

Principal #1 – Name:		Title:	% Owned:	Telephone Number:	Email Address:
Date of Birth:	Social Security #:	ID Type:	ID #:		
Home Address:		City, State:	ZIP Code:	Country:	
Principal #2 – Name:		Title:	% Owned:	Telephone Number:	Email Address:
Date of Birth:	Social Security #:	ID Type:	ID #:		
Home Address:		City, State:	ZIP Code:	Country:	