

BUSINESS CUSTOMER RISK PROFILE

ACCOUNT # _____

Employee _____

ACCOUNT OPENING DATE _____

CUSTOMER INFORMATION

OWNER(S):				
STREET ADDRESS:				
DESCRIPTION OF BUSINESS ACTIVITIES:				
BUSINESS ORGANIZATION TYPE	<input type="checkbox"/> TRUST/POD <input type="checkbox"/> ESTATE <input type="checkbox"/> IOLTA <input type="checkbox"/> REAL ESTATE TRUST <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> FRANCHISE <input type="checkbox"/> OTHER _____			
STATE IN WHICH BUSINESS IS ESTABLISHED (Verify business is still in good standing using Secretary of State website, as applicable for business type):				
How long has this business been in operation?				
What is the occupation/nature of the Business? Check all that apply. If not listed, check "Other occupation" and explain.				
Accounting/Legal Services	Deposit Broker	Lottery Ticket Sales	Realtor/Broker	
ATM/Check Cashing Service	Gas Station	Marijuana Industry related	Retail Store (explain)	
Auctioneer	Grocery Store	Medical Doctor/Clinic	Restaurant/Bar	
Car/Boat/Plane Dealer	Importer/Exporter	Money Transmitter	Telemarketing	
Casino/Card Club	Investments/Broker	Non-Trad Financial Bus	Title Ins/R E Closing Service	
Coin Dealer	Jewels/Metals Dealer	Parking Garage	Travel Agency	
Convenience Store	Laundromat/Vending	Pawn Shop	Transportation	
Dealership	Liquor/Tobacco Store	Purch/Sell Vehicles or Equipment	Virtual Money Admin/Exchanger	
Self-Employed (type of business)		Other occupation (explain)		
MAIN SOURCE OF REVENUE FOR BUSINESS				
PURPOSE OF ACCOUNT	<input type="checkbox"/> Payroll <input type="checkbox"/> Operating <input type="checkbox"/> Investment <input type="checkbox"/> Other _____			
OPENING DEPOSIT AMOUNT:	\$ _____	Source: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Monetary Instrument <input type="checkbox"/> Wire <input type="checkbox"/> Other _____		
AVERAGE CASH DEPOSIT AMOUNT:	\$ _____	<input type="checkbox"/> 1-month average <input type="checkbox"/> 3-month average <input type="checkbox"/> 6-month average		
AVERAGE CASH W/DRWL AMOUNT:	\$ _____	<input type="checkbox"/> 1-month average <input type="checkbox"/> 3-month average <input type="checkbox"/> 6-month average		
BUSINESS SITE LOCATION(S) LOCAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, where located _____			
SELECT YOUR CUSTOMER BASE(S)	<input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Multi-state <input type="checkbox"/> Country-wide <input type="checkbox"/> International			
LOAN CUSTOMER?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consumer <input type="checkbox"/> Commercial <input type="checkbox"/> Residential Mortgage Loan Customer Since _____ (date)			
MAINTAIN ACCOUNTS FOR BUSINESS AT OTHER FINANCIAL INSTITUTIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and why? _____			
DOES BUSINESS ENGAGE IN ONLINE GAMBLING TRANSACTIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain? _____			
TYPES/VOLUME OF FINANCIAL SERVICES EXPECTED TO BE USED:	<input type="checkbox"/> ACH Transactions	Estimated Monthly \$ _____	Source: _____	
	<input type="checkbox"/> ACH Origination	Estimated Monthly \$ _____	Destination: _____	
	<input type="checkbox"/> Checks/Drafts	Estimated Monthly \$ _____		
	<input type="checkbox"/> Credit Card machine on site?			
	<input type="checkbox"/> Direct Deposit	Estimated Monthly \$ _____	Source: _____	
	<input type="checkbox"/> Remote Deposit Capture	Estimated Monthly \$ _____		
	<input type="checkbox"/> Wires: Incoming Domestic	Est. Monthly \$ _____	Source: _____	
	<input type="checkbox"/> Wires: Outgoing Domestic	Est. Monthly \$ _____	Destination: _____	
	<input type="checkbox"/> Wires: International Incoming	Est. Monthly \$ _____	Origin: _____	
	<input type="checkbox"/> Wires: International Outgoing	Est. Monthly \$ _____	Destination: _____	
	CHECK CASHING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, volume per day per person	\$ _____
	EXCHANGE CURRENCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, volume per day per person	\$ _____
	SELL MONEY ORDERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, volume per day per person	\$ _____
	TRANSMIT MONEY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, volume per day per person	\$ _____
	ISSUE/SELL PREPAID CARDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, volume per day per person	\$ _____
ADDT'L SERVICES:	<input type="checkbox"/> Debit Card <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Online Banking <input type="checkbox"/> Safe Deposit Box			

BANK USE ONLY

Money Service Business

QUALIFIES AS MONEY SERVICE BUSINESS

Registration Date: _____

MSB has performed Due Diligence on any third party services or paying agents.

If "delayed deposit service," currency exchanger or money transmitter, license #: _____

Date of License: _____

RISK RATING – BANK USE ONLY

Questions: (Answer "Yes" or "No": If question does not apply, leave blank.)		Yes No	Score
1.	Business Site location(s) local? Yes = 0 No = 2		
2.	Owner(s) or Officer(s) reside locally? Yes = 0 No = 2		
3.	Business older than one year? Yes = 0 No = 3		
4.	Business type listed above? <i>(N/A if only Self-employed or Other is checked & no other typed is checked)</i> No = 0 Yes = 5		
5.	Business operates only in location trade area? <i>If not, where do they operate? _____</i> Yes = 0 No = 2		
6.	Most customers located locally? <i>If not, where are they located? _____</i> Yes = 0 No = 2		
7.	Projected cash volume over \$5,000 per month? No = 0 Yes = 5		
8.	Customer will send/receive Domestic Wires/ACH? No = 0 Yes = 3		
9.	Customer will send/receive Foreign Wires/ACH? No = 0 Yes = 5		
10.	Business accepts Visa/MC or similar transactions? No = 0 Yes = 1		
11.	Customer maintains deposit accounts at other bank(s)? No = 0 Yes = 2		

Low Risk = 0-9 Med. Risk = 10-18 High Risk = 19-30

TOTAL RISK SCORE

***ALL MSBs, PRIVATE ATM OWNERS, FOREIGN WIRE/ACH, NON-US CITIZENS MUST BE RATED HIGH (3), REGARDLESS OF CALCULATED RISK SCORE; EXPLAIN RE-RATING ON BACK OF APPLICATION.**

Date of Initial Rating: _____ Reviewed By: _____

Notes regarding any rating adjustments if approved: _____

Rating Adjustment Approved By: _____ Adjusted Rating: _____