

BUSINESS CUSTOMER RISK PROFILE

ACCOUNT # _____ Employee _____ ACCOUNT OPENING DATE _____

CUSTOMER INFORMATION			
BUSINESS NAME/ OWNER(S):			Phone/Fax/Email/Website
STREET ADDRESS:			
DESCRIPTION OF BUSINESS ACTIVITIES AND/OR SOURCE OF REVENUE:			
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.			
<input type="checkbox"/> Accounting/Legal Services	<input type="checkbox"/> Deposit Broker	<input type="checkbox"/> Lottery Ticket Sales	<input type="checkbox"/> Realtor/Broker
<input type="checkbox"/> ATM/Check Cashing Service	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Marijuana Industry related	<input type="checkbox"/> Retail Store (explain)
<input type="checkbox"/> Auctioneer	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Medical Doctor/Clinic	<input type="checkbox"/> Restaurant/Bar
<input type="checkbox"/> Car/Boat/Plane Dealer	<input type="checkbox"/> Importer/Exporter	<input type="checkbox"/> Money Transmitter	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Casino/Card Club	<input type="checkbox"/> Investments/Broker	<input type="checkbox"/> Non-Trad Financial Bus	<input type="checkbox"/> Title Ins/R E Closing Service
<input type="checkbox"/> Coin Dealer	<input type="checkbox"/> Jewels/Metals Dealer	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Travel Agency
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Laundromat/Vending	<input type="checkbox"/> Pawn Shop	<input type="checkbox"/> Transportation
<input type="checkbox"/> Dealership	<input type="checkbox"/> Liquor/Tobacco Store	<input type="checkbox"/> Purch/Sell Vehicles or Equipment	<input type="checkbox"/> Virtual Money Admin/Exchanger
<input type="checkbox"/> Self-Employed (type of business)		<input type="checkbox"/> Other occupation (explain)	
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: _____ CASH CHECKS? <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 \$ _____		
ADD'TL 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 in the middle of the previous page? <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		
<p align="center"><i>Low Risk = 0-9 Med. Risk = 10-18 High Risk = 19-30</i></p>			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: _____

PENLEY

Customer Profile: Business

Opening Deposit Amount: _____ (Cash) (Pers. Check) (Cashier's Check) (Payroll Check)

Additional Notes

- | | | | | | |
|-------------------|--------------------------|----------------------|--------------------------|-------------------|--------------------------|
| Check Order | <input type="checkbox"/> | Deposit Slips | <input type="checkbox"/> | Starter Checks | <input type="checkbox"/> |
| Endorsement Stamp | <input type="checkbox"/> | Bank Bag/Starter Kit | <input type="checkbox"/> | ACH/Merch Capture | <input type="checkbox"/> |
| Online Banking | <input type="checkbox"/> | Check Register | <input type="checkbox"/> | _____ | |
| Mobile Banking | <input type="checkbox"/> | Debit Card | <input type="checkbox"/> | _____ | |