

BUSINESS CUSTOMER RISK PROFILE

ACCOUNT # _____ ACCOUNT TYPE _____ PORT # _____ DATE _____

CUSTOMER INFORMATION

BUSINESS NAME/ OWNER(S):		Phone/Fax/Email/Website
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STREET ADDRESS: _____

DESCRIPTION OF BUSINESS ACTIVITIES AND/OR SOURCE OF REVENUE: _____

BUSINESS ORGANIZATION TYPE:
 TRUST/POD
 ESTATE
 IOLTA
 REAL ESTATE TRUST
 SOLE PROPRIETORSHIP
 CORPORATION
 PARTNERSHIP
 LLC
 FRANCHISE
 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)	

PURPOSE OF ACCOUNT:
 Payroll
 Operating
 Investment
 Other _____

OPENING DEPOSIT AMOUNT: \$ _____ Source:
 Cash
 Check
 Monetary Instrument
 Wire
 Other _____

AVERAGE CASH DEPOSIT AMOUNT: \$ _____
 1-month average
 3-month average
 6-month average

AVERAGE CASH W/DRWL AMOUNT: \$ _____
 1-month average
 3-month average
 6-month average

BUSINESS SITE LOCATION(S) LOCAL?
 Yes
 No
 If no, where located _____

SELECT YOUR CUSTOMER BASE(S):
 Local
 Statewide
 Multi-state
 Country-wide
 International

LOAN CUSTOMER?
 Yes
 No
 Consumer
 Commercial
 Residential Mortgage
 Loan Customer since _____ (date)

MAINTAIN ACCOUNTS FOR BUSINESS AT OTHER FINANCIAL INSTITUTIONS?
 Yes
 No
 If yes, where and why?

DOES BUSINESS ENGAGE IN ONLINE GAMBLING TRANSACTIONS?
 Yes
 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 \$ _____	

ADDT'L SERVICES:
 Debit Card
 Mobile Banking
 Online Banking
 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? (N/A if only Self-employed or Other is checked & no other typed is checked) No = 0 Yes = 5		
5.	Business operates only in location trade area? If not, where do they operate? _____ Yes = 0 No = 2		
6.	Most customers located locally? If not, where are they located? _____ 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		
TOTAL RISK SCORE			

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

***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: _____

BANK USE

Customer Profile: Business

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

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"/>	_____	

