



For Locals. By Locals.

### BUSINESS PROFILE

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**EIN Number**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Business Phone #**

\_\_\_\_\_  
**City**

**State**

**Zip Code**

\_\_\_\_\_  
**Type of Entity**

\_\_\_\_\_  
**Mailing Address (if different from above)**

\_\_\_\_\_  
**Nature of Business**

\_\_\_\_\_  
**City**

**State**

**Zip Code**

\_\_\_\_\_  
**NAICS Code**

**Will you be using online banking? Yes or No \_\_\_\_\_**

**Email Address \_\_\_\_\_**

**List all owners / authorized signers (if more than 3 please provide separate sheet:**

<b>Name:</b>	<b>Title:</b>	<b>% Ownership</b>	<b>Signer (Y/N)</b>
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#### ADDITIONAL ITEMS NEEDED BASED ON ENTITY TYPE:

##### **Clubs, Organizations or Associations**

- Executed Meeting Minutes naming authorized signers; or
- Organizational Agreement
- Copy of IRS letter assigning EIN

##### **Corporations**

- Copy of Articles of Incorporation
- Department of State filing (Sunbiz)
- Copy of IRS letter assigning EIN

##### **Partnership**

- Written Partnership Agreement
- Department of State filing (Sunbiz)
- Copy of IRS letter assigning EIN

##### **Sole Proprietorship**

- Fictitious Name Registration
- Copy of State or Local Business License
- Social Security Number of Owner

##### **Limited Liability Company**

- Copy of Articles of Organization
- Department of State filing (Sunbiz)
- Copy of IRS letter assigning EIN

##### **Political Campaign**

- Copy of Completed Form DS-DE9 (state or local)
- Copy of Completed FEC Form 1 (federal)
- Copy of EIN letter if applicable



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**ESTIMATED EXPECTED MONTHLY ACTIVITY (EDD):**

Source of Payments: \_\_\_\_\_ Account Purpose: \_\_\_\_\_

Products Sold: \_\_\_\_\_ Services Provided: \_\_\_\_\_

# of Deposits per Month: _____	Deposit Amount per Month: \$ _____
# of Cash Deposits per Month: _____	Cash Deposit Amount per Month: \$ _____
# of Cash Withdraws per Month: _____	Cash Withdraw Amount per Month: \$ _____
# of Check written per Month: _____	Check Amount Written per Month: \$ _____

ACH Payments: Yes or No \_\_\_\_\_

Wire Transfers: Yes or No \_\_\_\_\_

# Domestic Incoming per Month _____	Domestic Amount Incoming per Month: \$ _____
# Domestic Outgoing per Month _____	Domestic Amount Outgoing per Month: \$ _____
# Foreign Incoming per Month _____	Foreign Amount Incoming per Month: \$ _____
# Foreign Outgoing per Month _____	Foreign Amount Outgoing per Month: \$ _____

What Foreign Countries? \_\_\_\_\_

Miscellaneous Activity Details \_\_\_\_\_

\*\*\*Does the company sell or offer?

Money Orders Yes or No \_\_\_\_\_

Travelers Checks Yes or No \_\_\_\_\_

Money Transmission Yes or No \_\_\_\_\_

Check Cashing Yes or No \_\_\_\_\_

Currency Exchange Yes or No \_\_\_\_\_

Currency Dealing Yes or No \_\_\_\_\_

Stored Value Yes or No \_\_\_\_\_

\*\*\*If the customer answers yes to any these, more information may be needed and BSA's approval will be needed for account opening.