Kaw Valley State Bank
AND TRUST COMPANY

New Customer Application – Business

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm this information. This information is protected by our privacy policy and federal law.

Type of Business

☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Corporation ☐ General Partnership ☐ Limited Partnership
☐ Sole Proprietorship ☐ Club/Organization ☐ Business Trust

BUSINESS APPLICANT INFORMATION

Business Name:	
Physical Address:	**City, State, ZIP:**
Mailing Address (if different):	**City, State, ZIP:**
EIN:	**Email:**
Business Phone:	**Cell Phone:**

Please list all signers with titles:

NAME:	**TITLE:**	☐ **Beneficial Owner/Controller**
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ACCOUNT PURPOSE/SOURCE OF FUNDS/ACTIVITY

As a full-service community bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Business Account – Customer Questionnaire

1. Specific Line of Business? Choose One ☐ Professional ☐ Retail ☐ Tech ☐ Farmer
2. Purpose of Business Account?
3. Cash Checks ☐ Yes, amount per year ☐ No
4. Sell Money Orders? ☐ Yes, amount per year ☐ No
5. Registered as MSB (Money Service Business)? ☐ Yes, **what type ☐ No **i.e. cash checks, currency exchange or money transfers (Western Union, Money Orders, etc.)
6. Submit Wire Requests? ☐ Domestic ☐ International ☐ Both ☐ None
7. Does the Business engage in Internet Gambling? ☐ Yes ☐ No
8. Does the Business have an ATM onsite? ☐ Yes- (Are you responsible for replenishment? ☐Yes ☐ No) ☐ No
9. Certification of Beneficial Ownership? ☐ Completed ☐ New ☐ Recertification
10. Number of Beneficial Owners?
11. Does the Business engage in MRB (Marijuana Related Business) activity or provide products or services to MRBs? ☐ Yes ☐ No
12. Does the Business engage in HRB (Hemp Related Business) activity or provide products or services to HRBs? ☐ Yes ☐ No
13. Is the Individual a US Citizen? ☐ Yes ☐ No
14. Send ACH/automatic payments? ☐ Domestic (US) ☐ Foreign ☐ Both ☐ None

I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request or if my financial condition changes.

Applicant's Signature:	**Date:**

☐ **Complete Debit Card Application & Disclosures** ☐ **Complete Beneficial Ownership Form**

THIS SECTION FOR INTERNAL USE
IDENTIFICATION VERIFICATION METHODS
DOCUMENTARY *(CHECK TYPE OF ID OBTAINED)*
Employee Name:
Primary Documentation ☐ Beneficial Ownership Form ☐ EIN Number ☐ Certificate of Good Standing ☐ Articles of Incorporation or Organization ☐ Operating Agreement ☐ Corporate Resolution ☐ Certificate of Existence and Authority

Cross Benefit:

- Wire Contract
- Business Banking Wires
- ACH Agreements
- Merchant Services (refer to Tyler)