## **BELGRADE STATE BANK BUSINESS ACCOUNT APPLICATION**

\*Required prior to account opening

*Business Name			
*Business Phone	Web Site		Email
*Date and State of Organization			
*Tax Identification Number	*Type of Or	ganization (Co	orp., Partnership, LLC, etc)
*Does your type of business participate in Internet	Gambling: Yes_	No	)
Please check Yes or No on the next question			
Do you plan to have Lottery Sales: Do you plan to Operate an ATM:	Yes	No	
Do you plan to Operate an ATM:	Yes	No	
If yes, is it privately owned?			
			(debits/credits) with this account?
Do you plan to Cash Checks for customers: Yes		No	If yes up to what amount?
Do you plan to use Bitcoin/Virtual Cu			
<u> Marijuana Related Business (MRB)</u>			
Is your business related to Medical M	arijuana Yes	No	
If Yes, are you a Grower, Dispensary,	, or Processor of	f Medical Ma	rijuana Yes No
Does your business plan to provide a	product or servi	ce to a MRB:	Yes No
Will your business lease/rent or provide	de a professiona	al service to a	MRB: Yes No
What percentage of the businesses rev			
1 8			

## WE DO NOT OPEN ACCOUNTS FOR ORGANIZATIONS THAT ARE NOT ORGANIZED AND REGISTERED IN THE UNITED STATES

\*Detailed Description of Products Sold or Services Provided

Referred By

By signing this document, I(we) authorize Belgrade State Bank to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Any Bank products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

Customer Signature

Date

Employee Name

9/27/2019