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	rganization (Co	orp., Partnership, LLC, etc)
*Does your type of business participate in Inte	rnet Gambling: Yes_	N	0
Please check Yes or No on the next ques	tions:		
Do you plan to have Lottery Sales 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 cu	ustomers: Yes	No	If yes up to what amount?
Do you plan to use Bitcoin/Virtual	l Currency: Yes	No_	
Mariinana Dalatad Dusinass (MDD)			
Marijuana Related Business (MRB) Is your business related to Medica	1 Marijuana Vas	No	
If Ves are you a Grower Dispensi	ary or Processor of	110_ f Medical Ma	rijuana Yes No
Does your business plan to provide	e a product or servi	ce to a MRB	: Yes No
Will your business lease/rent or pr	ovide a professiona	al service to a	MRB: Yes No
What percentage of the businesses	revenues are from	MRB's:	
	TERED IN THE	UNITED S	
By signing this document, I(we) authorize Belginformation regarding my personal financial hi institutions. I understand that this information by me and that it will remain in force for the du I certify that the information provided by me is	istory from a consum n will only be used in uration of my associa	er-reporting ag conjunction wation.	gency or agencies and/or other financial with Any Bank products and services requested
Customer Signature			
Date			
Employee Name			