

IMPORTANT: 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 the information. The information you provide is protected by our privacy policy and federal law.

Account Type (choose one)

Business Checking Business Interest Checking Money Market

Business Information

Business Ownership Type (choose one): Corporation LLC Trust Partnership LLP
 Sole Prop - DBA Non-Profit Organization Club / Association

Name: _____ EIN: _____

Type/Nature of Business: _____

Physical Address: _____

(Must be provided. Cannot be a Post Office Box)

Mailing Address (if different): _____

City, State, Zip: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Email or Website: _____

Primary Trade Area: _____

How long have you been in business: _____ State of Incorporation? _____ Date: _____

Is there an ATM on premise? _____ If yes, will the ATM account be maintained with Armor Bank? _____

Do you operate in multiple locations? _____ If yes, How many? _____ What locations: _____

Does the business engage in Internet gambling? _____ **IF YES, STOP - ARMOR BANK DOES NOT OPEN THESE ACCOUNTS.**

Anticipated Account Activity (choose all that apply)

- Cash Deposits ATM Withdrawals
- Cash Withdrawals ACH Withdrawals
- Check Deposits Frequent purchase of official checks
- Checks Written Will you send wire transfers? If yes, Domestic Foreign
- ACH Deposits Will you receive transfers? If yes, Domestic Foreign

Is the business involved in any of the following activities?

YES No MSB

Check Cashing / Money Orders / Traveler's Checks			
Are any checks cashed over \$1,000 in one day per person?	_____	_____	***
Wiring of Funds for customers	_____	_____	***
Lottery Ticket Sales	_____	_____	***
If yes, is the gross revenue from the sales of lottery tickets less than 50%?	_____	_____	
Deferred presentment services	_____	_____	
Title Loans or Cash advances	_____	_____	
Prepaid Access Cards	_____	_____	
Is the business a non-bank financial institution?	_____	_____	
Is the business a professional service provider? (3rd-party financial liaisons for their customers; possible examples include accountants, lawyers, etc.)	_____	_____	
Is the business a non-profit organization?	_____	_____	
Is the business listed on the stock exchange?	_____	_____	
Does the business sell Marijuana, Cannabis Oil, Hemp, etc? (CRB)	_____	_____	
<input type="checkbox"/> Tier I: Business activity meets regulatory definition of a CRB (e.g. manufacturer, processor, wholesaler, dispensary, etc.) i.e. business "touches" marijuana at any point from seed to sale. Such a business or farm would also be considered a Tier I MRB if the business or farm manufactures, processes, or distributes marijuana.	Armor Bank's policy does not allow these accounts to be opened.		
<input type="checkbox"/> Tier II: Business does not generally "touch" marijuana but focuses on providing products and services to Tier I MRBs and the marijuana industry as a whole (e.g. suppliers, security firms, licensing consultants, etc.).	Armor Bank's policy does not allow these accounts to be opened.		
<input type="checkbox"/> Tier III: Business provides products and services to Tier I CRBs incidentally but Tier I CRBs are not the focus (e.g. professional services, landlords, financial services, etc.).	MRB Questionnaire must be completed.		

***** MSB entity -Must obtain MSB registration and license from state**

Applicant Signature _____

Date _____

Authorized signers must complete the information on the following page.

Signer Information

First Name: _____ MI: _____ Last Name: _____
 Physical Address: _____
 Mailing Address, if different: _____
 City, State, Zip: _____
 Social Security Number: _____ Birthdate: _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Driver's License Number: _____ State: _____ Expiration Date: _____
 Email Address: _____
 Employer: _____ Phone Number : _____
 Occupation: _____ Time at present job: _____
 Are you a US Citizen: _____ If no, what country are you at citizen? _____

Signer Signature Date

Signer Information

First Name: _____ MI: _____ Last Name: _____
 Physical Address: _____
 Mailing Address, if different: _____
 City, State, Zip: _____
 Social Security Number: _____ Birthdate: _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Driver's License Number: _____ State: _____ Expiration Date: _____
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 Employer: _____ Phone Number : _____
 Occupation: _____ Time at present job: _____
 Are you a US Citizen: _____ If no, what country are you at citizen? _____

Signer Signature Date

Signer Information

First Name: _____ MI: _____ Last Name: _____
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 Employer: _____ Phone Number : _____
 Occupation: _____ Time at present job: _____
 Are you a US Citizen: _____ If no, what country are you at citizen? _____

Signer Signature Date