

BUSINESS INFORMATION

NAME OF BUSINESS		TAX PAYER IDENTIFICATION NUMBER (TIN)	
PURPOSE OF BUSINESS ACCOUNT			
BUSINESS PHONE		BUSINESS EMAIL ADDRESS	
PHYSICAL OFFICE ADDRESS/LOCATION (CANNOT BE PO BOX)			
CITY		STATE	ZIP
MAILING ADDRESS (IF NOT SAME AS PHYSICAL ADDRESS)		CITY	STATE
			ZIP
ADDITIONAL PHYSICAL LOCATIONS (NAME ALL)			

BUSINESS DESCRIPTION

Legal structure of your business (for tax-reporting purposes):

- Corporation
 Limited Liability Company (LLC)
 DBA/Sole Proprietorship
 Partnership (General Limited)

Does your business provide one or more of the following products or services? (Check all that apply & indicate anticipated monthly transactional volume.)

- Money Orders \$ _____
 Check Cashing \$ _____
 Money Transmission \$ _____
 Traveler's Checks \$ _____
 Prepaid Services/Gift Cards \$ _____
 Currency Dealing or Exchange \$ _____

Does your business qualify as a NBFI or a MSB? (See descriptions below) No Yes (NBFI MSB)

[A NBFI is a non-bank financial institution such as a (1) currency dealer or exchanger; (2) check casher; (3) issuer of traveler's checks, money orders, or stored value; (4) seller or redeemer of traveler's checks, money orders, or stored value; and (5) money transmitter. Examples of NBFI's are casinos and card clubs, securities and commodities firms (e.g., brokers/dealers, investment advisers, mutual funds, hedge funds, or commodity traders), insurance companies, other financial institutions (e.g., dealers in precious metals, stones, or jewels; pawnbrokers; loan or finance companies). A Money Service Business is a NBFI that engages in such transactions in an amount greater than \$1,000 for any person on any day in one or more transaction.]

What is your business type? (Check all that apply and explain where needed.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Money Services Business (MSB) | <input type="checkbox"/> Legal Service Provider |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Liquor Store |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Vending Machine Operator | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Cigarette Distributor | <input type="checkbox"/> Charity or Non-Governmental Organization (NGO) |
| <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Internet Gambling | <input type="checkbox"/> Import/Export |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Retail | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Consulting | | |

Privately Owned ATM (Number of ATMs _____ Services Provided _____)

Other _____

How many employees do you have? 0-5 6-10 11-20 21+

If you are an association or club, how many members do you have? _____

What is your estimated annual sales/revenue?

- Less than \$100,000
 Less than \$500,000
 Less than \$1,000,000
 Greater than \$1,000,000

Is the Internet a major source of revenue for your business? No Yes If yes, please provide website address: _____

Do you conduct business exclusively on the Internet? No Yes If yes, provide website address: _____

What is your business's primary geographic trade area? (Check all that apply.)

- Local Community
 Statewide
 Domestic U.S.
 International
 Other. Explain: _____

List anticipated monthly volume of transactions by dollar amount for each of these means:

	Cash	ACH	Wire	Checks
INCOMING	\$	\$	\$	\$
OUTGOING	\$	\$	\$	\$

What is your anticipated monthly volume of Debit/Credit Cards transactions? \$ _____

From which countries do you intend to send or receive transactions? (Please provide an estimated monthly dollar amount for each country.)

Does your business intend to receive International ACH Transactions? ● No ● Yes

If yes, from which countries? _____

For what financial purposes will your Air Force FCU Business Account be used?

- Operating/General Purpose
 Savings/Investment
 Other. Explain: _____

How many miles from an Air Force FCU branch is your primary business location?

- Less than 5
 Less than 10
 Less than 20
 Less than 50
 More than 50
 Not close to a branch

Do you have accounts for this business with another institution other than Air Force FCU? ● No ● Yes

If yes, please list the institutions: _____

AUTHORIZED BUSINESS ACCOUNT SIGNERS (INCLUDING BUSINESS OWNERS)

FIRST NAME		MIDDLE NAME		LAST NAME	
BUSINESS TITLE				EMAIL ADDRESS	
ADDRESS					
CITY				STATE	ZIP
HOME PHONE		MOBILE		WORK PHONE / EXT	
SOCIAL SECURITY NUMBER			DATE OF BIRTH		ELIGIBILITY
IDENTIFICATION TYPE	ID#	STATE		EXPIRATION DATE	
FIRST NAME		MIDDLE NAME		LAST NAME	
BUSINESS TITLE				EMAIL ADDRESS	
ADDRESS					
CITY				STATE	ZIP
HOME PHONE		MOBILE		WORK PHONE / EXT	
SOCIAL SECURITY NUMBER			DATE OF BIRTH		ELIGIBILITY
IDENTIFICATION TYPE	ID#	STATE		EXPIRATION DATE	

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If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address, or employment within a reasonable time. You also promise that everything you have stated in this application is correct to the best of your knowledge. You authorize Air Force Federal Credit Union to obtain credit reports in connection with this application for membership and for renewal or extension of credit. You understand that it is a federal crime to deliberately provide incomplete or incorrect information to Federal Credit Unions insured by the NCUA. Air Force Federal Credit Union periodically scans all business members and associated accounts against the Department of Treasury, persons, organizations, programs, and countries lists. If prohibited high-risk deposit transactions are detected, the credit union will review the account for immediate account restriction and/or closure.

Owner Name _____

Owner Name _____

Signature _____

Signature _____

Signer Name _____

Signer Name _____

Signer Signature _____

Signer Signature _____

Signer Name _____

Signer Name _____

Signer Signature _____

Signer Signature _____

Signer Name _____

Signer Name _____

Signer Signature _____

Signer Signature _____