

WELCOME!

What we need to get started



I. Applicant Information

Legal Business Name: _____

DBA Name (if applicable): _____

Business Type: Sole Proprietorship Partnership Limited Liability Company
 Organization/Association Limited Partnership Corporation
 Registered Trust Limited Liability Partnership Non-Profit Corporation

Reporting TIN: _____

Physical Business Address: _____

Physical City, State, Zip: _____

Alternate Mailing Address or PO Box: _____

Alternate City, State Zip: _____

Business Telephone #: _____

Business Cell #: _____

Business Email Address: _____

Business Website: _____

Number of Authorized Signers: _____

Note: All authorized signers must complete an Identification Form and sign the Signature Card and Resolution.

II. What we need to see:

Provide the following for ALL authorized signers:
 A completed Identification Form
 Driver's License, or
 State ID, or
 Passport or Visa

Provide the following as applicable:
 A completed Certification of Beneficial Owners form
 Business' SS-4 or a completed W-9
 Certified copy of Articles of Organization, Corporation
 Copy of Operating Agreement, Partnership Agreement
 Bylaws

III. How did you hear about us? Please check all that apply.

- Print Community Event Location of Business Loan Reputation Referral/Employer
- Radio Community Reputation Location of Employer Rates/Deposits Referral/Family
- Television Connections Program Location of Home Rates/Loan Referral/Friend
- Internet Search Existing Customer Social Media

IV. Business Description

Business/Industry: _____

Products/Services provided: _____

Area served/doing business (mark all that apply): Locally Nationally Internationally

What is the business' activity code? _____ This code (NAICS) may be provided on the business' filed tax return.

V. Account Activity

What is the purpose of the account? _____

Source of Initial Deposit: Cash Another Financial Institution BBV Account Other _____

Account Activity continued

1. What is the business' anticipated total monthly deposit amount? \$ _____
2. What is the business' anticipated total monthly withdrawal amount? \$ _____

Transaction Type	Number of Transactions Per Month	Average Dollar Amount of Transaction
<i>Per month</i>	<i>0; 1-3; 4-6; 7-10; >10</i>	<i>\$0-\$1,000; \$1,001-\$3,000; \$3,001-\$5,000; \$5,001-\$10,000; \$10,001+</i>
Cash/ATM Deposits		
Cash/ATM Withdrawals		
Check Deposits		
Check Withdrawals		
Currency Exchange		
Cashier's Checks; Money Orders		
Incoming Domestic Wires		
Outgoing Domestic Wires		
Incoming International Wires*		
Outgoing International Wires*		
*Please list countries and purpose of wire		
Incoming Electronic Fund Transfers*		
Outgoing Electronic Fund Transfers*		
*Please list countries and purpose of transfer		

3. Will the business have an ATM(s) on site? No - no further action is required, proceed to question # 4.
 Yes – please select from the following:
 The business leases or rents the space within the business location.
 or The business owns, operates and services. **Complete** the ATM Privately Owned Checklist. Obtain the checklist from a Banking Specialist.

4. Is your business a registered Money Service Business?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
5. Do you cash checks for your customers in amounts over \$1,000/person/day?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
6. Do you cash/sell money orders, traveler's checks or stored value (prepaid access device), U.S. Postal Service for your customers in amounts over \$1,000/person/day?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
7. Do you exchange currency for your customers in amounts over \$1,000/person/day?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
8. Do you transfer or submit funds electronically on behalf of your customers in any amounts? (Ex. Western Union)	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
9. Is your business involved in Internet Gambling?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
10. Does your business knowingly use the internet to receive and/or send information that could be used to place bets or facilitate in any way the placing of bets? <input type="checkbox"/> If Yes , provide documentation of authorization to conduct lawful internet gambling.	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
11. Does your business manufacture, distribute or dispense marijuana or CBD oil?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*

Please indicate below ALL Products and Services you wish to ACTIVATE :			
Products		Treasury Management Service Request	
<input type="checkbox"/> Business BlueWave Online Banking	<input type="checkbox"/> Business Mobile Banking	<input type="checkbox"/> ACH Origination	<input type="checkbox"/> Merchant Card Services
<input type="checkbox"/> Business Credit Card	<input type="checkbox"/> Commercial Lending	<input type="checkbox"/> Positive Pay	<input type="checkbox"/> Wire Transfers
<input type="checkbox"/> MasterCard® Business Debit Card		<input type="checkbox"/> Remote Deposit	<input type="checkbox"/> Health Savings Account <i>Coming Soon!</i>

By signing this document, you certify all information contained herein is true and correct.

 Print Name

 Customer Signature

 Title

 Date

For Internal Use Only

Account Number(s): _____
 By Banking Specialist:

Date:

Welcome! Consumer Account
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