



Non-Consumer Information Sheet

\*Required prior to account opening

\*Business/Entity Name \_\_\_\_\_

\*Type/Nature of Business \_\_\_\_\_

\*Street Address \_\_\_\_\_  
City, State, zip

\*Mailing Address (if different) \_\_\_\_\_  
(Please note: PO Box holders must furnish physical address as well as mailing address)

\*Taxpayer ID# \_\_\_\_\_ E-mail \_\_\_\_\_

\*Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*Type of Account \_\_\_\_\_ \*Amount of Opening Deposit \_\_\_\_\_

\*Source of Funds:  Check  Cash  Internal transfer Account # \_\_\_\_\_

\*Do you/will you cash checks for people? Y  or N

\*Do you/will you perform wire transfer services (Money gram, Western Union, etc.)? Y  or N

\*Do you/will you issue, sell, or redeem traveler's checks, money orders, or stored value (gift cards)? Y  or N

\*Do you own or operate your own ATM? Y  or N

\*Do you/will you engage in Internet gambling activities? Y  or N  (If yes, provide legal papers authorizing you to do so.)

\*Types of deposits/withdrawals typically made?  Cash,  Checks,  Electronic Wire Transfers (domestic or foreign),  Other (more than one may be listed), if other, specify: \_\_\_\_\_

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The information I have provided is correct to the best of my knowledge. I authorize this financial institution to check credit and/or employment history should it be deemed necessary.

\_\_\_\_\_  
(Signature of authorized signer/owner/partner)

\_\_\_\_\_  
(Date)

Branch \_\_\_\_\_

\_\_\_\_\_  
Employee Signature



Customer Name \_\_\_\_\_ Account Number \_\_\_\_\_

<u>Type of Entity</u>	<u>Documentation Required</u>
Corporations (for profit and not-for-profit) _____ For Profit _____ Not-For Profit	_____ ♦Certified Articles of Incorporation _____ ♦Certificate of Good Standing _____ ♦Fictitious Name Registration (if applicable) _____ ♦By Laws (loan dept. only)
Partnerships _____ Limited _____ General	_____ ♦Partnership Agreement (required for Limited) _____ ♦Fictitious Name Registration (if applicable)
Trusts	_____ ♦Trust Certification
Limited Liability Company _____ Multiple members/employees _____ Single member/no employees (single member may use SSN)	_____ ♦Articles of Organization _____ ♦Fictitious Name Registration (if applicable) _____ ♦Operating Agreement (loan dept. only)

**Risk Assessment**—*If any of the following boxes are checked CIP **MUST** be performed on **ALL** owners and authorized signers.*

- |   |   |
|---|---|
| <input type="checkbox"/> Nongovernmental charity organizations.   | <input type="checkbox"/> Import/export companies.   |
| <input type="checkbox"/> Offshore corporations and banks located in Bank Secrecy Act Haven.   | <input type="checkbox"/> Auctioneers.   |
| <input type="checkbox"/> Leather goods stores.  | <input type="checkbox"/> Professional service providers such as lawyers and accountants.  |
| <input type="checkbox"/> Nontraditional financial entities, such as: Currency exchange houses, Money transmitters and Check cashing facilities. | <input type="checkbox"/> Brokers/dealers  |
| <input type="checkbox"/> Car, boat, and plane dealerships   | <input type="checkbox"/> Cash-intense businesses, including convenient stores, restaurants, retail stores, and parking garages. |
| <input type="checkbox"/> Used automobile or truck dealers and machine parts manufacturers.  | <input type="checkbox"/> Ships, bus and plane operators.  |
| <input type="checkbox"/> Travel agencies  | <input type="checkbox"/> Telemarketers  |
| <input type="checkbox"/> Casinos or card clubs  |   |

\*For informal partnerships, where two or more individuals are opening an account for business purposes without a formal partnership agreement, all partners must be identified in accordance with the procedures established for individuals.

\*Any person or entity doing business under a name other than its true name must register that **fictitious name** with the Missouri Secretary of State.

