

Business Deposit Account Application

Company Name:	Fed Tax ID#:
<p>Is the business a new or existing client of Platinum Bank?</p> <p align="center">New - Complete all sections</p> <p align="center">Existing - Complete Sections II, III, IV & V</p>	

Section I: General Business Information

Company Physical Address:				
City, State, Zip Code:				
Company Mailing Address (if different from above):				
City, State, Zip Code:				
Primary Contact Information - Name:				
Title:		Email:		
Phones:				
Business -		Primary Home -	Primary Cell -	
Web Address:		Referred By:		
Attorney:		Firm:	Phone:	
Accountant:		Firm:	Phone:	
Business Organization:	Corporation:	Partnership:		Other:
	S C LLC	General Limited	Sole NP Pro Assn	
State of Organization:				
To open your account(s), we will need to establish your identity and that of your business.				
To assist us in that process, we require that you provide the following:				
Articles of Incorporation	Certificate of Good Standing		EIN Letter	

Section II: About Your Business

Although we may already know the answers to some or all of these questions, it is important that you provide us with this information to help us comply with the U.S. Patriot Act and to make sure that we understand your business needs. This will also allow us to provide you with the products and services that you would expect from your Community Bank.

Monthly # of Checks Written:	Monthly # of Deposits Made:	Monthly # of Items Deposited:	Are these items mainly: Local Non-local
Monthly # of Incoming Wire Transfers:	Monthly # of Outgoing Wire Transfers:	Monthly Amt. of Coins/Currency Deposited:	Anticipated Average Balance:
Is this a money service business? Yes No	Do you sell money orders or prepaid access devices? Yes No	Will you conduct International ACH transactions? Yes No	Will you initiate International Wire Transfers? Yes No
Do you sell Lottery tickets? Yes No	Do you own or operate an ATM? Yes No	Do you cash checks? Yes No	Will you request cash/coin orders? Yes No

Additionally, please list anyone who directly or indirectly owns 25% or more of the equity interests of the legal entity. If your entity is owned by another entity, please list the ownership of that entity. We require that you provide a copy of current ID (driver's license, state ID card, or passport) for each owner.

Owner Name(s):	% Owned:	Social Security #:	Copy of ID: Attached On file
Control Name:	Title:	n/a	

Section III: Business Description and History

1.	When was this business established? (Month/Year)		
2.	Have company principals/ownership changed in the past year?	Yes	No
3.	When did the current owners establish or buy the business? (Month/Year)		
4.	Which of the following best describes the business's primary activities? (check all that apply) Local market (statewide) Domestic (outside MN/WI) International		
5.	Does your business operate out of multiple locations? If Yes, how many locations? Please list each location's address:	Yes	No
6.	Is this business a charitable organization or a non-governmental organization? (NGO: any non-profit organization independent from government, i.e. churches, professional associations, community-based self-help groups, research groups, lobby groups, etc.)	Yes	No
7.	Does your business engage in any hemp or marijuana-related activities?	Yes	No
8.	Indicate Specific Nature of Business:		
9.	List the types of products/services offered:		

Section IV: Authorized Signer Information – Please provide a copy of ID for each Signer

Signer #1:	Name:	Title:
	Social Security #:	Date of Birth:
	Home Address:	Occupation:
	City, State, Zip Code:	
	Business Phone:	Home Phone:
		Cell Phone:
	Email:	Signer Authority: Loans Deposits Both
	Driver's License #:	State:
	Driver's License Issue Date:	Expiration Date:
	Check appropriate box: I am	an American Citizen a Resident Alien a Non-resident Alien
	Are you currently or have you ever been a Senior Foreign Political Figure?	Yes No
	Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure?	Yes No

Signer #2:	Name:	Title:
	Social Security #:	Date of Birth:
	Home Address:	Occupation:
	City, State, Zip Code:	
	Business Phone:	Home Phone:
		Cell Phone:
	Email:	Signer Authority: Loans Deposits Both
	Driver's License #:	State:
	Driver's License Issue Date:	Expiration Date:
	Check appropriate box: I am	an American Citizen a Resident Alien a Non-resident Alien
	Are you currently or have you ever been a Senior Foreign Political Figure?	Yes No
	Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure?	Yes No

Signer #3:	Name:	Title:
	Social Security #:	Date of Birth:
	Home Address:	Occupation:
	City, State, Zip Code:	
	Business Phone:	Home Phone:
		Cell Phone:
	Email:	Signer Authority: Loans Deposits Both
	Driver's License #:	State:
	Driver's License Issue Date:	Expiration Date:
	Check appropriate box: I am	an American Citizen a Resident Alien a Non-resident Alien
	Are you currently or have you ever been a Senior Foreign Political Figure?	Yes No
	Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure?	Yes No

Thank you for considering Platinum Bank for your Business Banking needs!

In signing below, I certify that I am authorized to provide this information on behalf of the applicant business. I certify that I made no misrepresentations in this application or in any related documents, that all information is true and complete, and that I did not omit any important information. Platinum Bank is authorized to verify with other parties and to make any investigation of my credit, either directly or through any agency employed by Platinum Bank for that purpose. The lender may disclose to any other interested parties information as to Platinum Bank experiences or transactions with applicant accounts. I understand Platinum Bank will retain this application and any other information Platinum Bank receives, even if no loan, deposit account, or other form of credit is granted.

This information may be provided to Platinum Bank for the purpose of requesting a loan. Platinum Bank may be relying on the creditworthiness of an individual other than the Applicant for the business loan. It is understood that any property securing the credit or loan will not be used for any illegal or restricted purpose. Because of my relationship to the Applicant or my role in the accommodation for the loan, my personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize Platinum Bank to obtain a consumer credit report on me for the purpose of evaluating the loan application.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credits, funds, instruments, or other proceeds from another person in connection with unlawful Internet gambling.

By signing below, I certify that this business does not engage in internet gambling. I will notify Platinum Bank in the event of any change in circumstance.

Section V: Signatures

All accounts are subject to verification and approval. Completing and signing this application does not guarantee that Platinum Bank will open an account for you until verification is complete.

Signer #1:	Name:	Date:
	Signature:	
Signer #2:	Name:	Date:
	Signature:	
Signer #3:	Name:	Date:
	Signature:	