



NEW COMMERCIAL ACCOUNT WORKSHEET

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires Regent Bank 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.

TYPE OF COMPANY:

Corporation Limited Liability Co. Partnership Sole Prop/DBA Government Agency Other: _____

<u>COMPANY NAME:</u>		<u>TAX ID:</u>
<u>PHYSICAL ADDRESS:</u>		<u>CITY, STATE, ZIP:</u>
<u>MAILING ADDRESS (If Different):</u>		<u>CITY, STATE, ZIP:</u>
<u>LIST OF ALL BUSINESS LOCATIONS AND ADDRESSES:</u>		
<u>EMAIL:</u>	<u>BUSINESS PHONE:</u>	<u>PURPOSE OF ACCOUNT (Operating, Payroll, etc.):</u>
<u>WEBSITE:</u>	<u>BUSINESS SOCIAL MEDIA ACCOUNT TYPE AND USER NAME:</u>	
<u>TYPE OF BUSINESS / PRODUCTS AND SERVICES PROVIDED:</u>		

Non-Government Organization (NGO) or Non-Profit Charity? Yes No
 If yes, Source of Donations: _____ Anticipated Monthly Donation Amt: _____

Are you a Third-Party Processor? *(Process payments for another person/entity)* ** Yes No

Is your business a Money Service Business (MSB)? ** Yes No
MSB Definition: Cashes checks, issues/redeems money orders, traveler's checks and/or exchanges currency for any one customer in one day. Customer is a money transmitter-examples are agents for Western Union, Money Gram, etc.
 If yes, please select the amount range of transactions: Under \$1,000 Over \$1,000

Is your business a Marijuana Related Business (MRB) or Industrial Hemp / Hemp-Derived CBD business? ** Yes No
MRB Definition: Any business that grows, produces, buys, sells or distributes marijuana or provides services/products to MRBs.
 If yes, please explain: _____

Is there an ATM located on your business premises? ** Yes No
 If yes, do you own and/or service it? *(Please explain)* _____

Customer maintains deposit accounts at other Financial Institutions *(if yes please include where)?*
 No Yes *(list all that apply)* _____

Please complete the following to the best of your ability for transaction accounts only *(Checking, Savings, Money Market):*
Anticipated types and estimated monthly amounts of customer transaction activity.

TRANSACTION TYPE	ANTICIPATED \$ AMOUNT PER MONTH	ESTIMATED # OF TRANSACTIONS PER MONTH
REGULAR CASH DEPOSITS		
CASH WITHDRAWALS		
INCOMING ACH (e.g. Payroll)		
INCOMING/OUTGOING WIRES		
INTERNATIONAL WIRES ¹		
MOBILE OR REMOTE DEPOSIT		
ATM USAGE		
ORIGINATE ACH		
ACCEPT VIRTUAL CURRENCY (e.g. BITCOIN)		

1. Anticipated countries and purpose for International Wires: _____