

To open an account, federal law requires you to complete (1) this Application; and (2) the Certification Regarding Beneficial Owners of Legal Entity Customers.

Important Information About Procedure[s] 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, Blaze Credit Union will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Section A: Business Information

FULL NAME OF THE BUSINESS AS SHOWN ON YOUR TAX FILINGS WITH THE IRS

DO YOU OPERATE UNDER ANY OTHER NAMES?

☐ YES ☐ NO

IF YES, PROVIDE THOSE NAMES AND ATTACH A COPY OF ANY FILING(S) REQUIRED BY STATE OR LOCAL LAWS

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Prof. Association or Corporation ☐ Limited Liability Company
☐ Other:

PRIMARY CONTACT

PRIMARY CONTACT E-MAIL

BUSINESS PHONE NUMBER

BUSINESS SSN OR TIN

BUSINESS START DATE

STREET ADDRESS

CITY

STATE

ZIP

MEMBERSHIP ELIGIBILITY (EMPLOYMENT, FAMILY, OTHER)

NAICS CODE

INDUSTRY TYPE

State the products and services provided (please be as specific as possible to allow us to make assessments required by federal rules in order to expedite your application for the account/services requested):

State the location/area served:

Are you a money services business?

☐ YES ☐ NO

Does **Your Business Sell, Cash or Exchange Checks, Travelers Checks, Stored Value Products** (example: Gift Cards, AMEXCO Cash Cards, etc.) in a total amount of more than \$1,000 on any one day? (If Yes – Please Attach a Sheet Describing Services Offered and Major Customers to Whom you provide these services if any).

☐ YES ☐ NO

Does your Business convey funds electronically as a service or on behalf of others?

☐ YES ☐ NO

Does your Business place, receive or otherwise knowingly transmit any bets or wagers by any means?

☐ YES ☐ NO

If yes – does such activity by your company involve in any way the use of the Internet?

☐ YES ☐ NO ☐ NA

Do you mine, manage or sell Virtual Currency (e.g. BitCoin)?

☐ YES ☐ NO

Does your business produce or sell CBD (cannabidiol), hemp or hemp-related products?

☐ YES ☐ NO

Do you or will you have an ATM or other Device on your property or associated with your business that will dispense cash, accept deposits or allow any monetary transactions?

☐ YES ☐ NO

If you answer no to any of the above questions in this grouping will you immediately notify us if you at any time make a change to your business that would require a Yes response to any of the above?

☐ YES ☐ NO

What will be the Primary Source of Deposits to the entity's account(s):

TELL US ABOUT THE TYPES OF TRANSACTIONS YOU MAKE, OR EXPECT TO MAKE:

Cash Deposits?

☐ YES ☐ NO

Cash Withdrawals?

☐ YES ☐ NO

If Yes: Dollar Range Per Month:

If Yes: Transactions Per Month:

If Yes: Dollar Range Per Month:

If Yes: Transactions Per Month:

☐ Under \$10,000
☐ \$10,000 to \$25,000
☐ More than \$25,000

☐ Less than 5
☐ 5 to 10
☐ Over 10

☐ Under \$10,000
☐ \$10,000 to \$25,000
☐ More than \$25,000

☐ Less than 5
☐ 5 to 10
☐ Over 10

Deposits of Money Orders or Travelers Checks?

☐ YES ☐ NO

Purchase of Cashier's Checks, Money Orders or Traveler's Checks?

☐ YES ☐ NO

If Yes: Dollar Range Per Month:

If Yes: Transactions Per Month:

If Yes: Dollar Range Per Month:

If Yes: Transactions Per Month:

☐ Under \$10,000
☐ \$10,000 to \$25,000
☐ More than \$25,000

☐ Less than 5
☐ 5 to 10
☐ Over 10

☐ Under \$10,000
☐ \$10,000 to \$25,000
☐ More than \$25,000

☐ Less than 5
☐ 5 to 10
☐ Over 10

Receive Wires or Other Electronic (ACH) Transfers?

☐ YES ☐ NO

Send Wires or Other Electronic (ACH) Transfers?

☐ YES ☐ NO

If Yes: Dollar Range Per Month:

If Yes: Transactions Per Month:

If Yes: Dollar Range Per Month:

If Yes: Transactions Per Month:

☐ Under \$10,000
☐ \$10,000 to \$25,000
☐ More than \$25,000

☐ Less than 5
☐ 5 to 10
☐ Over 10

☐ Under \$10,000
☐ \$10,000 to \$25,000
☐ More than \$25,000

☐ Less than 5
☐ 5 to 10
☐ Over 10

If you expect to send wires or other electronic transfers (e.g., ACH) outside of the United States, please complete the following:			
Select One:	To / From What Country?	How Often / How many times per month?	Estimated Amount per Transfer?
<input type="checkbox"/> Send <input type="checkbox"/> Receive			
<input type="checkbox"/> Send <input type="checkbox"/> Receive			
<input type="checkbox"/> Send <input type="checkbox"/> Receive			
<input type="checkbox"/> Send <input type="checkbox"/> Receive			

Section B: Authorized Signer's Information

First Name:		MI:	Last Name:	
Soc. Sec. #/TIN:				DOB:
ID Type:	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other ID*:	Issue Date:		
ID#:	Expiration Date:	Issuing State/Country:		
Address: <small>(Cannot accept P.O.Box)</small>		City:	State:	Zip:
Home/Cell Phone:		Work Phone:	Years at Residence:	
Employer:		Occupation:	Date of Hire:	
Relationship to Business/Title:		Percentage of Ownership:	E-mail:	
First Name:		MI:	Last Name:	
Soc. Sec. #/TIN:				DOB:
ID Type:	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other ID*:	Issue Date:		
ID#:	Expiration Date:	Issuing State/Country:		
Address: <small>(Cannot accept P.O.Box)</small>		City:	State:	Zip:
Home/Cell Phone:		Work Phone:	Years at Residence:	
Employer:		Occupation:	Date of Hire:	
Relationship to Business/Title:		Percentage of Ownership:	E-mail:	
First Name:		MI:	Last Name:	
Soc. Sec. #/TIN:				DOB:
ID Type:	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other ID*:	Issue Date:		
ID#:	Expiration Date:	Issuing State/Country:		
Address: <small>(Cannot accept P.O.Box)</small>		City:	State:	Zip:
Home/Cell Phone:		Work Phone:	Years at Residence:	
Employer:		Occupation:	Date of Hire:	
Relationship to Business/Title:		Percentage of Ownership:	E-mail:	

*Must be a form of government-issued, unexpired photo identification.

Section C: Type of Service Desired

☐ Business Share Savings (Dividend Bearing) ☐ Business Community Savings (Non-Dividend Bearing)

Certification of Taxpayer Identification Number and Backup Withholding - Complete the following section:

Under penalty of perjury, you certify that the Social Security Number/TIN shown is your correct identification number and that you are NOT subject to backup withholding because you are exempt or you have not been notified that you are subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified you that you are no longer subject to backup withholding and that you are a U.S. citizen (including a U.S. resident alien).

☐ You ARE subject to backup withholding.

☐ You are NOT a United States citizen or resident alien.

If you are not a U.S. citizen or resident alien, you MUST complete IRS form W-9. Contact Blaze for a form.

X

Authorized Signer's Signature

Date

Authorized Signatures

You hereby make application for the account and membership as indicated and agree to conform to the Bylaws, as may be amended, of the Credit Union. You certify that the entity named herein is within the field of membership of this Credit Union if membership is requested, and that this account is to be used solely for the business of said entity. You certify the signature(s) on this application applies to the account designated above; and all information provided is true and correct. You certify that all necessary steps have been executed to formally establish the business referenced. You agree to provide the Credit Union with a copy of the: Partnership Agreement, Operating Agreement, or Charter, or such other documentation as the Credit Union may require, as applicable, prior to opening the account. You also acknowledge that you have received and agree to be bound by any terms and conditions in this application, and in the Business Terms and Conditions, Business Electronic Funds Transfer Agreement, Privacy Policy, Business Fee Schedule, and Business Rates Schedule as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account designated above secure payment of any account owner's obligations to the Credit Union.** Checks will be printed using the information for the Full Name of Business as listed above. You hereby warrant and certify that you will update information contained in this application from time to time upon request of the Credit Union or when there is a material change to the information provided.

Suspension of electronic services, access to share or deposit accounts. Subject to applicable law, we may suspend some or all electronic services, ATM/debit cards, access to your checking or other account(s) for the following reasons: a) if you become delinquent on any of your loans, b) your deposit account becomes negative, c) we have reason to suspect fraud is occurring or d) you have caused a loss to us. We shall not be liable to you in any regard in connection with such suspension of services. We do not have to provide notice to you regarding the suspension unless required to under applicable law.

CONSENT: The entity and each person indicated herein as an authorized signer, or otherwise having any authority to make any transactions consents that the Credit Union may undertake to verify your eligibility for any account(s), service(s), or loan products ("services") now and in the future; and/or to act as an authorized signer. You authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. You specifically consent that the Credit Union may report information concerning your account(s) and credit to others; and may provide the reasons should we determine you to be ineligible for any services or to be an authorized signer to the entity named herein, its officers, directors, employees and other authorized signers.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: You understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

THE IRS DOES NOT REQUIRE YOU TO CONSENT TO ANY OF THE PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

X

Authorized Signer's Signature

Date

X

Authorized Signer's Signature

Date

X

Authorized Signer's Signature

Date

Certificate of Authority / Resolution

The undersigned, each being first duly sworn, certifies, states and alleges the following, so as to induce Blaze Credit Union (hereinafter "we", "our", and "us" shall include Lender in any banking capacity, as the context may require) to enter into loans, security agreements, mortgages, deposit agreements and other agreements related to lending and banking with _____

Business/Organization

a: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Other: _____

under the laws of _____ (name of state), the "Business" and the undersigned further certifies that the Business has adopted the following resolution in conformity with the provisions of its governing authority and that such resolution is now in full force and effect and has not been rescinded or modified:

RESOLVED that we are designated as a depository for the Business and are authorized to recognize the signatures of the agents of this Business named below which authority shall remain in effect until further written order of the Business. Any one of the below named agents is hereby authorized to act in all matters relating to accounts, to open any accounts in the name of the Business, to endorse checks and orders for payment of money or otherwise withdraw or transfer funds on deposit.

RESOLVED that we are designated as a lending institution for the Business and the following agents are authorized to borrow money or make application for and obtain Letters of Credit for and on behalf of the Business; to make any agreements in respect thereto; and to sign, execute and deliver promissory notes, acceptance or other evidences of indebtedness therefore, or in renewal thereof, in such amounts and for such time, at such rate of interest and upon such terms as they see fit; and are hereby authorized to endorse, assign, transfer, mortgage, or pledge to us the accounts receivable, inventory, equipment, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now or hereafter owned by the Business, and to discount the same; to unconditionally guarantee payment of any or all accounts receivable so negotiated or discounted, and to waive demand, protest and notice of non-payment, that the signatures appearing below are the true signatures of the persons duly authorized to act on behalf of the Business.

RESOLVED, all resolutions herein contained shall continue in force until express written notice of their rescission or modification has been furnished to and received by us.

RESOLVED, that all transactions, if any, in respect to any deposits, withdrawals, rediscounts and borrowing by or on behalf of the Business with us prior to adoption of the resolutions herein contained be and the same hereby are in all things ratified, approved and confirmed.

RESOLVED, that any of the persons named below are hereby authorized and empowered to make any and all other contracts, agreements, stipulations and orders which they may deem advisable, from time to time with us in respect to transactions between the Business and us in regard to funds deposited with us, moneys borrowed from us or any other business transacted by and between the Business and us.

RESOLVED, that any and all resolutions heretofore adopted by the undersigned representing the Business certified to us as governing the operation of the Business' account(s) with us, be and are hereby continued in full force and effect, except as the same may be supplemented or modified by the foregoing.

The undersigned have, and at the time of adoption of the foregoing resolutions had, the power to confer the powers therein granted to the person(s) named who have full power and lawful authority to exercise the same.

Name: _____ Title/Position: _____

X

Authorized Signer's Signature

Date

Name: _____ Title/Position: _____

X

Authorized Signer's Signature

Date

Name: _____ Title/Position: _____

X

Authorized Signer's Signature

Date

CU USE ONLY

CU Employee:		Teller #:		Date:	
Authorized Signer	Type of ID:	Authorized Signer	Type of ID:	Authorized Signer	Type of ID:
State Issued:	Date Exp. / Issued:	State Issued:	Date Exp. / Issued:	State Issued:	Date Exp. / Issued:
<input type="checkbox"/> CB <input type="checkbox"/> QF <input type="checkbox"/> DP <input type="checkbox"/> OFAC		<input type="checkbox"/> CB <input type="checkbox"/> QF <input type="checkbox"/> DP <input type="checkbox"/> OFAC		<input type="checkbox"/> CB <input type="checkbox"/> QF <input type="checkbox"/> DP <input type="checkbox"/> OFAC	
FICO/LOC: _____/_____		FICO/LOC: _____/_____		FICO/LOC: _____/_____	