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**LAKE-OSCEOLA STATE BANK**  
**Business/Corporate/Sole Proprietor/Non Profit Organizations**  
(All non-consumer accounts)  
**New Account Information**

1. Do you provide a money service to your customer? This may include cashing checks, deferred check presentment, sale or redemption of money orders, currency dealer or exchanger, issuing store value cards or perform money transmitter services (wire transfers for your customer through a bank)?  
 Yes      or       No
  
2. Do you perform wire transfer services (Money gram, Servimex, Western Union, etc.) for your customers?  
 Yes      or       No
  
3. Source of Funds to Open Account:  Business Revenues,  Savings,  Investor Funds,  Other:  
\_\_\_\_\_
  
4. Describe the types of deposits/withdrawals you will typically make? Check all that apply.  Cash,  Checks,  Electronic (ACH),  Wire Transfers,  Other:  
\_\_\_\_\_
  
5. Approximately how much in cash deposits do you expect to average each month? \_\_\_\_\_
  
6. Approximately how much in cash withdrawals do you expect to average each month? \_\_\_\_\_
  
7. Will the business have an ATM?  YES/ NO. If yes, will the business be the owner/servicer providing the cash?  YES/ NO
  
8. Will the business have lottery sales on site (video, lottery machines or ticket sales)?  YES/ NO
  
9. Approximately what dollar volume in your account do you expect to credit and debit each month?  
Total monthly deposits \_\_\_\_\_ Total monthly debits \_\_\_\_\_
  
10. Please complete the following on the number and total dollar amount of *wire transfers* you expect to perform each month.
  - a. Number of monthly outgoing *domestic wire* transfers \_\_\_\_\_ Approximate total monthly dollar amount \_\_\_\_\_
  - b. Number of monthly incoming *domestic wire* transfers \_\_\_\_\_ Approximate total monthly dollar amount \_\_\_\_\_
  - c. Number of monthly outgoing *international wire* transfers \_\_\_\_\_ Approximate total monthly dollar amount \_\_\_\_\_
  - d. Number of monthly incoming *international wire* transfers \_\_\_\_\_ Approximate total monthly dollar amount \_\_\_\_\_
  - e. What countries will be involved in the *international wire* activity? \_\_\_\_\_
  
11. Do you perform transactions online?  Yes or  No If so, what types? \_\_\_\_\_
  - a. Are any activities gambling activities?  Yes or  No
  - b. If so, do you have specific licensing that allows you to operate/participate in online gambling?  Yes or  No

**CUSTOMER INFORMATION**

- |                                      |  |  |                                      |
|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> For Profit                | <input type="checkbox"/> Not for Profit  |                                      |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Other _____ |

Business Name \_\_\_\_\_

Type of Business (convenience store, auto dealer, restaurant, etc.) \_\_\_\_\_  NAICS Code \_\_\_\_\_  
(For Bank purpose/Bank will get)

List Owners & Ownership \_\_\_\_\_  OFAC & PLC checked  
(For Bank purpose)

List All Authorized Signers \_\_\_\_\_

Taxpayer ID# (EIN or Social Security#) \_\_\_\_\_ Phone # \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

The information I have provided is correct to the best of my knowledge. I authorize Lake Osceola State Bank to verify information provided and monitor account activity. I acknowledge that Lake Osceola State Bank may contact me if additional information is necessary. I acknowledge that this information is protected under the Bank's Customer Privacy Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_