



The Bank of Bennington

Commercial Application

LEGAL ENTITY CUSTOMER IDENTIFICATION

Legal Business Name _____ NAICS Code _____

Tax ID Number _____ State Incorporated/Registered _____ Business ID# _____

Type of Business _____ U.S. Owned and Operated YES NO, _____

Type of Ownership Sole Proprietor Limited Partnership LLC Corporation NonProfit 501(c)3 Other _____

ADDRESS and CONTACT INFO

Street Address _____

City _____, State _____, ZIP _____ Country _____

Business Phone _____ Email _____ Website _____

BUSINESS ACTIVITIES

Do any of the following pertain to the business?

Check all that apply or NONE APPLY

- Money Transmitter (i.e. Western Union, MoneyGram, etc.)
- Check Cashing, currency exchange or issues prepaid cards to customers in excess of \$1000 per day.
- Deals in Virtual Currency (e.g. BitCoin, Kraken, Mt. Gox)
- Engages in Internet Gambling
- Create checks for customer payment based on verbal or electronic authorization via phone or online
- Marijuana Related Business
- Lottery Sales
- Beer/Wine/Liquor
- Charitable/Private Non-Profit Organization
- Cash Intensive Business (restaurant, bar, convenience grocery store, other: _____)
- ATM on Premises
 - Is the ATM Owned by this business? Yes No
 - Does the business supply the ATM cash? Yes No

Are you interested in any of these additional services?

Check all that apply or

- Large Currency or Coin Services YES NO
 - Deposit Withdrawal Exchange ATM
 - Frequency: Daily Weekly Monthly
 - Usual transaction amount or range \$ _____
- International Wire Transfer Services YES NO
 - Frequency: Daily Weekly Monthly
 - Usual transaction amount or range \$ _____
- Remote Deposit Capture Terminal
- Online Banking / Mobile Banking
- Online Bill Payment
- Payroll Services
- Merchant Credit Card Services
- Business Debit Card
- Night Depository
- Personal Banking NONE APPLY

DISCLOSURE and SIGNATURE

By signing below you authorize us to verify any information provided to us by you and to obtain your credit report from an applicable credit reporting agency now or at any time in the future and you further authorize any such agency to furnish us with your credit and financial history information as well as the information we deem necessary to comply with the USA PATRIOT Act. You acknowledge that you have received the account agreement and related disclosures for the account you are applying, and that you agree to accept the terms and conditions found therein. You further acknowledge receipt of the bank's Service Fee Schedule and agree to pay for any fees that you incur. You understand that items presented for payment against insufficient or unavailable funds in your account may not be paid and will incur a fee. If your account has repeated overdrafts, it will be subject to closure.

Authorized Signer: _____ Title _____ Date: _____

Federal law requires us 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 is protected by our privacy policy and federal law.

BENEFICIAL OWNERS and SIGNERS

1 - First Name _____ Middle Name _____ Last Name _____

Relationship to Legal Entity Customer:

- **Beneficial Control¹** YES No Signing Authority YES No
- Beneficial Owner² YES _____ % Ownership, Title _____ Signing Authority YES No
- Owner w/ less than 25% equity interest YES Signing Authority YES No
- Signer Only YES

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

Resident Alien ITIN _____ - _____ - _____ Non-Resident Alien W8-BEN Home Country _____

<p>ID Type</p> <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Gov't ID <input type="checkbox"/> OTHER [identify] _____	<p>Issued by</p> <input type="checkbox"/> State of _____ <input type="checkbox"/> Country of _____ <input type="checkbox"/> Gov't Agency _____ <input type="checkbox"/> OTHER [identify] _____	<p>ID # _____ Issue Date _____ Expiration Date _____</p>
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Street Address _____ APT# _____

City _____, State _____, ZIP _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

¹ Beneficial Control means a single individual with significant responsibility to control, manage, or direct the legal entity customer.

² Beneficial Owner means each individual who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interest of the legal entity customer.

2 - First Name _____ Middle Name _____ Last Name _____

Relationship to Legal Entity Customer:

- Beneficial Control YES Signing Authority YES No
- Beneficial Owner YES _____ % Ownership, Title _____ Signing Authority YES No
- Owner w/ less than 25% equity interest YES Signing Authority YES No
- Signer Only YES

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

Resident Alien ITIN _____ - _____ - _____ Non-Resident Alien W8-BEN Home Country _____

ID Type	Issued by	ID # _____
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State of _____	Issue Date _____
<input type="checkbox"/> Passport	<input type="checkbox"/> Country of _____	Expiration Date _____
<input type="checkbox"/> Gov't ID	<input type="checkbox"/> Gov't Agency _____	
<input type="checkbox"/> OTHER [identify]	<input type="checkbox"/> OTHER [identify] _____	

Street Address _____ APT# _____

City _____, State _____, ZIP _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

3 - First Name _____ Middle Name _____ Last Name _____

Relationship to Legal Entity Customer:

- Beneficial Control YES Signing Authority YES No
- Beneficial Owner YES _____ % Ownership, Title _____ Signing Authority YES No
- Owner w/ less than 25% equity interest YES Signing Authority YES No
- Signer Only YES

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

Resident Alien ITIN _____ - _____ - _____ Non-Resident Alien W8-BEN Home Country _____

ID Type	Issued by	ID # _____
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State of _____	Issue Date _____
<input type="checkbox"/> Passport	<input type="checkbox"/> Country of _____	Expiration Date _____
<input type="checkbox"/> Gov't ID	<input type="checkbox"/> Gov't Agency _____	
<input type="checkbox"/> OTHER [identify]	<input type="checkbox"/> OTHER [identify] _____	

Street Address _____ APT# _____

City _____, State _____, ZIP _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

4 - First Name _____ Middle Name _____ Last Name _____

Relationship to Legal Entity Customer:

- Beneficial Control YES NO Signing Authority YES No
- Beneficial Owner YES _____% Ownership, Title _____ Signing Authority YES No
- Owner w/ less than 25% equity interest YES Signing Authority YES No
- Signer Only YES

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

Resident Alien ITIN _____ - _____ - _____ Non-Resident Alien W8-BEN Home Country _____

ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Gov't ID <input type="checkbox"/> OTHER [identify]	Issued by <input type="checkbox"/> State of _____ <input type="checkbox"/> Country of _____ <input type="checkbox"/> Gov't Agency _____ <input type="checkbox"/> OTHER [identify] _____	ID # _____
		Issue Date _____
		Expiration Date _____

Street Address _____ APT# _____

City _____, State _____, ZIP _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

5 - First Name _____ Middle Name _____ Last Name _____

Relationship to Legal Entity Customer:

- Beneficial Control YES NO Signing Authority YES No
- Beneficial Owner YES _____% Ownership, Title _____ Signing Authority YES No
- Owner w/ less than 25% equity interest YES Signing Authority YES No
- Signer Only YES

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

Resident Alien ITIN _____ - _____ - _____ Non-Resident Alien W8-BEN Home Country _____

ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Gov't ID <input type="checkbox"/> OTHER [identify]	Issued by <input type="checkbox"/> State of _____ <input type="checkbox"/> Country of _____ <input type="checkbox"/> Gov't Agency _____ <input type="checkbox"/> OTHER [identify] _____	ID # _____
		Issue Date _____
		Expiration Date _____

Street Address _____ APT# _____

City _____, State _____, ZIP _____ Country _____

Home Phone _____ Cell Phone _____ Email _____