

**Please verify the following information:**

**Change if incorrect:**

1. Primary Business Owner \_\_\_\_\_
2. Have you added any new owners?  Yes  No If so, please provide names below.  
\_\_\_\_\_
3. Business Access Number \_\_\_\_\_
4. Name of Your Business \_\_\_\_\_  
Doing Business as (DBA) \_\_\_\_\_
5. Nature of Your Business \_\_\_\_\_
6. Business Telephone Number \_\_\_\_\_
7. Business Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Physical Location Address *(Cannot be a PO Box. Include all physical locations of business.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Legal structure of your business for tax-reporting purposes?  
 Sole Proprietorship       Partnership ( General  Limited)       Corporation       Limited Liability Company (LLC)
10. Does your business provide one or more of the following products or services? *(Check all that apply and indicate the anticipated monthly transactional volume.)*  
 Money Orders \$ \_\_\_\_\_       Check Cashing \$ \_\_\_\_\_       Money Transmission \$ \_\_\_\_\_  
 Traveler's Checks \$ \_\_\_\_\_       Currency Dealing or Exchange \$ \_\_\_\_\_       Prepaid Services/Gift Cards \$ \_\_\_\_\_
- Is your business any of the following? *(Check all that apply.)*  
 Finance & Insurance       Money Services Business (MSB)       Legal Service Provider  
 Real Estate       Food Services \_\_\_\_\_       Restaurant  
 Liquor Store       Convenience Store       Vending Machine Operator  
 Retail \_\_\_\_\_       Consulting \_\_\_\_\_       Construction  
 Administrative Services       Charity or Non-Governmental Organization (NGO)       Transportation \_\_\_\_\_  
 Parking Garage       Cigarette Distributor       Internet Gambling  
 Import/Export       Privately Owned ATM (Number of ATMs \_\_\_\_\_ Services Provided \_\_\_\_\_ )  
 Other \_\_\_\_\_
11. How many employees do you have?  
 0-5       6-10       11-20       21+
12. If you are an association or club, how many members do you have? \_\_\_\_\_
13. Please check your estimated annual sales/revenue.  
 Less than \$100,000       Less than \$1,000,000  
 Less than \$500,000       Greater than \$1,000,000
14. Is the Internet a major source of revenue for your business?  Yes  No If yes, provide web address. \_\_\_\_\_
15. Do you conduct business exclusively on the Internet?  Yes  No If yes, provide web address. \_\_\_\_\_



16. Please provide a description of your business's primary trade area. (Check all that apply.)

- Local Community                       Domestic U.S.                       Other
- Statewide                                       International

17. List all means of monthly volume of transactions by dollar amount.

Incoming	Outgoing
<input type="checkbox"/> Cash \$ _____	\$ _____
<input type="checkbox"/> ACH \$ _____	\$ _____
<input type="checkbox"/> Wire \$ _____	\$ _____
<input type="checkbox"/> Checks \$ _____	\$ _____

List anticipated monthly volume:

Debit/Credit Cards \$ \_\_\_\_\_

18. To/from which countries do you intend to send/receive transactions? (Please provide an estimated monthly dollar amount for each country.)

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19. Does your business intend to receive International ACH Transactions?     Yes     No

If yes, from which countries? \_\_\_\_\_

20. What is the purpose/type of transaction for which your Navy Federal Business Account will be used?

- Operating/General Purpose                       Escrow Management
- Savings/Investment                                       Other \_\_\_\_\_

21. How close is your primary business location to a Navy Federal branch?

- Less than 5 miles                       Less than 20 miles                       More than 50 miles
- Less than 10 miles                       Less than 50 miles                       Not close to a branch

22. Do you have accounts for this business with an institution other than Navy Federal?     Yes     No

If so, please list below.

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23. If your business account is in inactive or dormant status and you would like to close your account, please check here .  
(If checked, any remaining funds in the account will be sent via check to the business address on file.)

Tax Reporting Identification No. \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_