



Merchants Bank of California, N.A. Service Application

Sales Representative

Unigram Money Orders Check Cashing Change of Owner Branch

Business Information

Name of Business _____ **Federal Tax ID** _____

Nombre del Negocio _____
("DBA") _____ **Telephone:** _____

Nombre Ficticio del Negocio _____ **Fax:** _____

Business Address _____ **City, State, Zip** _____

Direccion del negocio _____ **Cellular:** _____

Mailing Address _____ **City, State, Zip** _____

Direccion Postal _____

Date Business Started _____ **Type of Business:** _____ **E-mail:** _____

Fecha que comenzo el Negocio _____ Tipo de Negocio: _____
 Corporation Partnership Sole Proprietorship

Business Organization: _____ **Percentage of ownership:** _____ % Cosigner

Officer/Title: _____

List below any Current or Previous Activity as an Agent of a Money Order and/or Money Transmitter Company

Liste la(s) compañía(s) de envío de dinero con quien mantiene negocios o lo mantuvo en el pasado

Company Compañía	Starting Date Fecha de Inicio	Ending Date Fecha de Finalizacion	State Estado	Reason of Change Razon del cambio
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owner's Information

Are you a United States Citizen? _____ Yes _____ No **Drivers Lic. #** _____

Es usted Ciudadano de Los Estados Unidos **Full Name** _____ **Social Security #** _____ **Date of Birth** _____ **Place of Birth** _____

Nombre Completo

Numero de Seguro Social

Fecha de Nacimiento

Lugar de Nacimiento

1. _____

Spouse's Information

Are you a United States Citizen? _____ Yes _____ No **Drivers Lic. #** _____

Es usted Ciudadano de Los Estados Unidos **Full Name** _____ **Social Security #** _____ **Date of Birth** _____ **Place of Birth** _____

Nombre Completo

Numero de Seguro Social

Fecha de Nacimiento

Lugar de Nacimiento

2. _____

Home Address _____ **Rent** _____ **Own** _____ **City** _____ **State** _____ **Zip Code** _____ **Home Phone** _____

Direccion Completa Ciudad Estado Codigo Postal Telefono de la Casa

Business or Personal Reference

Business / Name _____ **Contact Name** _____

Address _____ **Telephone:** _____

City, State, Zip _____ **Cellular:** _____

Have any of the owner / officer ever been involved in a civil or criminal proceeding in violation of the bank secrecy act, or money laundering? _____ Yes _____ No
Have any of the owner / officer ever been convicted of a felony? _____ No _____ Yes, (If yes, please explain on a separate sheet)

All statements contained in this application and in the Financial Statements and other documentation submitted in support of this application are true and correct.
Permission and authorization is hereby granted to Risk Analysis and Insurance Services, as well as to prior employers, trade references, Dun & Bradstreet, banks and consumer credit services, and to state and federal government representatives, without regard to whether they are listed herein, to verify, receive, exchange, and obtain business and/or personal credit and other information as part of this application or at anytime thereafter in connection with the ongoing application evaluation process, review of Money Order/Money Transfer/ Utility Remittance Services activity and/or collection of related guaranties. The undersigned further agrees that neither Risk Analysis & Insurance Services nor anyone who has furnished any information concerning the business or the undersigned shall be responsible for any losses or damages the business or the undersigned may claim as resulting from said verification, receipt, exchange, or obtaining business and/or personal credit or other business and/or personal information **UNDER PENALTY OF PERJURY, I CERTIFY THAT:**

(1) The federal taxpayer identification number shown on this application as the Business Federal Tax ID Number is the correct taxpayer identification number of the Business (or I am waiting for a number to be issued to the Business), and (2) The Business is not subject to backup withholding because (a) the Business is exempt from backup withholding, or (b) the Business has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Business that it is no longer subject to backup withholding.

Signature _____ **Sales Rep. Signature** _____

Print Name _____ **Date** _____ **Print Name** _____ **Date** _____