



iTHINK Financial Credit Union
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BUSINESS MEMBERSHIP APPLICATION

Business Member #: _____

A. Business Information

Business/Organization Name		Business Tax ID #	
DBA Name (if applicable)	Business Phone #	Alternate Phone #	
Physical Address of Business: Street (Cannot be a post office box)	City	State	Zip Code
Mailing Address of Business: Street (If different from above address)	City	State	Zip Code
List Additional Location of Business: (If any) Street	City	State	Zip Code
Email Address (Required for online access)	Website Address	Date Business Established (MM/DD/YY)	

B. Type of Business

Legal Structure of Business:	Partnership	Corporation	Single Member Limited Liability Company (LLC)	Multi-Member Limited Liability Company (LLC)
Sole Proprietorship				
IRS EIN Letter (if applicable) One of the following: Valid Business License or Business Permit OR Valid Doing Business As or Fictitious name Certificate	IRS EIN Letter Partnership Agreement (OR Limited Partnership Agreement) Resolution & Grant of Authority If Doing Business As (DBA) Fictitious Name Certificate	IRS EIN Letter Articles of Incorporation Resolution & Grant of Authority If Doing Business As (DBA) Fictitious Name Certificate	IRS EIN Letter Articles of Organization If Doing Business As (DBA) Fictitious Name Certificate	IRS EIN Letter Articles of Organization Resolution & Grant of Authority If Doing Business As (DBA) Fictitious Name Certificate

C. Business Details

Describe the Business Type (consulting, retail etc.) and include goods sold or services provided and any other information that details your business activities.

Estimated annual sales/revenue

Less than \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	Greater than \$500,000
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Anticipated monthly transaction amount

Cash \$ _____ Checks \$ _____ ACH Domestic \$ _____ ACH Foreign \$ _____

Wire Domestic \$ _____ Wire Foreign \$ _____ Debit/Credit Cards \$ _____

Business' primary trade area (Check all that apply)	Do you have accounts for this Business with another institution.
Local Community Statewide Domestic U.S. International	Yes No If yes, where? _____

Purpose/Type of transactions for which your account will be used: Operating/General Purpose Savings	Is the internet a major source of revenue for your business? Yes No	How many employees do you have?
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D. Products and Services

Savings/Membership Account (Required) Other:

Checking Account _____ eStatements I want paper statements Other _____

iTHINK Financial Credit Union Online Account Access

E. Business Owners (all listed owners are automatically included as authorized signers)**Owner 1/Primary Contact**

Name: First		MI	Last	Date of Birth (MM/DD/YY)	Social Security #	Member #
Issue Business Debit Card?	Driver's License or Government ID #			Expiration (MM/DD/YY)	U.S. Citizen?	
Yes No					Yes No	
Home Phone #	Mobile Phone #	Office Phone #		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.		

Owner 2 (Would you like to have your name on the account(s)?) Yes No

Name: First		MI	Last	Date of Birth (MM/DD/YY)	Social Security #	Member #
Issue Business Debit Card?	Driver's License or Government ID #			Expiration (MM/DD/YY)	U.S. Citizen?	
Yes No					Yes No	
Home Phone #	Mobile Phone #	Office Phone #		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.		

Owner 3 (Would you like to have your name on the account(s)?) Yes No

Name: First		MI	Last	Date of Birth (MM/DD/YY)	Social Security #	Member #
Issue Business Debit Card?	Driver's License or Government ID #			Expiration (MM/DD/YY)	U.S. Citizen?	
Yes No					Yes No	
Home Phone #	Mobile Phone #	Office Phone #		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.		

F. Authorized Signers (are only allowed access to Checking or Savings Accounts)

The Business authorizes the Business Owner(s) and the following named person(s) on behalf of the Business, to execute any document required by iTHINK Financial Credit Union to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. Additions or deletions to Authorized Signers may only be done by a Business Owner.

Authorized Signer 1

Name: First		MI	Last	Social Security #	
Current Member	If yes, give Member #			Issue Business Debit Card?	
Yes No				Yes No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID #			Expiration (MM/DD/YY)	U.S. Citizen?
					Yes No
Home Phone #	Mobile Phone #	Office Phone #		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.	

Authorized Signer 2

Name: First		MI	Last	Social Security #	
Current Member	If yes, give Member #			Issue Business Debit Card?	
Yes No				Yes No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID #			Expiration (MM/DD/YY)	U.S. Citizen?
					Yes No
Home Phone #	Mobile Phone #	Office Phone #		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.	

Authorized Signer 3

Name: First		MI	Last	Social Security #	
Current Member	If yes, give Member #			Issue Business Debit Card?	
Yes No				Yes No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID #			Expiration (MM/DD/YY)	U.S. Citizen?
					Yes No
Home Phone #	Mobile Phone #	Office Phone #		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.	

G. AUTHORIZED SIGNATURES

I/we hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of the Credit Union. I 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. I/we certify the signature(s) on this card apply to all accounts of this legal entity and all information provided is true and correct. I/we certify that all necessary steps have been executed to formally establish the business referenced. I 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. I also acknowledge that I have received and agree to be bound by any terms and conditions in this Application, and in the Account Disclosures or Fee Schedules, and any special account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) of this legal entity secure payment of any account owner's obligations to the Credit Union.** I/we hereby warrant and certify that I/we 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.

CONSENT: The entity and each person indicated herein as an authorized user, or otherwise having any authority to make any transactions consents that the Credit Union may 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 user. You authorize us 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.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: I 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.**

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, I certify that: (1) The information on page 1 of this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3) I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I agree to cross out number 3 just previous if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, and (4) I am a U.S. person (including a U.S. resident alien). **THE IRS DOES NOT REQUIRE ME TO CONSENT TO ANY OF THE PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

1.	Owner 1	Date	2.	Authorized Signer 1	Date
	X			X	
3.	Owner 2	Date	4.	Authorized Signer 2	Date
	X			X	
5.	Owner 3	Date	6.	Authorized Signer 3	Date
	X			X	

Only complete this section if all owners have not signed this application, and if you do not have an existing resolution to provide.

The undersigned, under the penalty of perjury, hereby certify that the organization described is validly organized under applicable law and is in "good standing"; and that at a meeting of the Board of Directors, Trustees, Members or Partners, at which a quorum was present (if applicable), the duly authorized and governing body of this Entity adopted the following resolution, which in all respects, is in conformity with the rules, agreements, By laws or Articles of Incorporation of this Entity.

ACCOUNTS AND ACCOUNT SERVICES:

RESOLVED, that iTHINK Financial Credit Union is designated a depository institution of this Entity and is authorized to recognize any one of the signature(s) of any person designated on page 2, who has signed this application for any of this Entity's Accounts, in opening any accounts or related services, paying funds, or transacting any business related to any such account(s) or services with iTHINK Financial Credit Union [including but not limited to all financial services the Credit Union offers now or in the future, safe deposit box leases and all other services offered to members] which authority will remain in full force and effect until iTHINK Financial Credit Union receives further instructions in writing from this Entity. The Credit Union is likewise authorized to recognize any facsimile signature or endorsement of this Entity or any authorized person, whether authorized or unauthorized.

FURTHER RESOLVED, that this Entity agrees that all accounts will be governed by the terms and conditions set forth in iTHINK Financial Credit Union's Membership Account Agreements, any Account Disclosures or Fee Schedules, any Agreement required to open any account(s) and all bylaws, policies, procedures, statutes and regulations governing iTHINK Financial Credit Union or any account.

IT IS FURTHER RESOLVED that the authorized person's signature on the Resolution will supplement and govern with regard to the person(s) authorized to sign and transact any business on the entity's accounts with the Credit Union. The Credit Union may, in its sole discretion require new signature card(s) be executed any time the entity changes the authorized person(s)/signature(s); which changes must be submitted in a written document that is accepted by the Credit Union before any such change will be effective.

I. Signature of Designated Business Owner:

Printed Name	Signature
Title	Date