



# Business Customer Information Profile

Business Name TIN

Physical Address

City State Zip Code

Business Phone Number Fax Number

Business Email

Purpose for Business Prior Financial Institution

**What percent of your income is derived from a marijuana related business?** \_\_\_\_\_

### Member/Signers

Name Title

Name Title

Name Title

Name Title

**Are any of the above-listed signers or beneficial owners of this business also associated with a marijuana-related business? YES or NO If YES, please provide details below.**

X \_\_\_\_\_ Date \_\_\_\_\_  
I agree the information provided above is true and correct to the best of my knowledge