



# COMMERCIAL CHECK CASHING APPLICATION

COMPANY INFORMATION	OWNER/OFFICER INFORMATION
Name: _____	Name: _____
DBA: _____	ID Type & Number: _____
Company Type: (Check One)	SSN: _____
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership	DOB: _____
<input type="checkbox"/> DBA (Sole Proprietorship)	Title: _____
Year Established: _____	Home Address: _____
Tax ID(EIN)# _____	City: _____
Address: _____	State: _____ Zip: _____
City: _____	Telephone: _____
State: _____ Zip: _____	Cell Phone: _____
Telephone: _____	Email Address: _____
Nature of Business: _____	Reason for use of Services: <input type="checkbox"/> Payroll <input type="checkbox"/> No Bank Account <input type="checkbox"/> Cash Flow <input type="checkbox"/> Supplies
Number of Employees: _____	<input type="checkbox"/> Other _____
Anticipated Check Cashing Volume: Monthly \$ _____ Annually \$ _____	

## REQUIRED DOCUMENTS TO ESTABLISH A COMMERCIAL CHECK CASHING FILE

	Business Corporation/ Non-profit Corporation	Limited Liability Company	Limited Partnership	General Partnership	DBA (Sole Proprietorship)
Commercial Check Cashing Application	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificates	Certificate (Articles) of Incorporation*	Articles of Organization/ Certificate of Formation*	Certificate of Limited Partnership*	Tax certificate or Business license, certificate or permit*	Tax certificate or Business license, certificate or permit*
Letter from IRS showing assigned EIN (if no EIN, verified SSN of principle)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State or Government-issued ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Verification with the appropriate state agency (e.g., Secretary of State) showing the company is active or in good standing (if available)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

\*Certificate of Assumed Name is required for companies conducting business under a name other than the true legal name.



# RESOLUTION AUTHORIZING CASHING OF COMMERCIAL CHECKS

Please read and check one (1) of the following five business types:

- Company is a business **corporation/non-for-profit corporation**. I hereby certify that the authorization below is a full and true copy of a resolution adopted at a duly convened meeting of the Directors/Shareholders.
- Company is a **limited liability company**. I hereby certify that the authorization below is a full and true copy of a resolution adopted at a duly convened meeting of the managers or members.
- Company is a **general partnership**. I hereby certify that the authorization is a full and true copy of a resolution adopted at a duly convened meeting of the governing body of the partnership.
- Company is a **limited partnership**. I hereby certify that the authorization below is a full and true copy of a resolution adopted by the general partner or the governing body of the partnership.
- Company is a **DBA (sole proprietorship)**. I hereby certify that the authorization below is a full and true copy of a resolution adopted by the owner.

The individual(s) listed below are hereby authorized to cash checks, drafts, and money orders payable to the Company, on behalf of the Company at the various locations owned or operated by A1 Financial Services, Inc. or any of its affiliated companies (collectively "A1"), effective immediately, which resolution shall remain in full force until such time as repealed or amended by a superseding certification submitted to A1.

Authorized Signer: Complete Name	ID Type & Number	Phone #	DOB	SSN	Title
Address					
Signature: _____ Date: _____					
<i>"Liability for Returned Items: Commercial owner(s) as well as Authorized person(s) will be held liable to A1 for all returned Checks, plus a dishonored check charge."</i>					

Authorized Signer: Complete Name	ID Type & Number	DOB	Phone #	SSN	Title
Address					
Signature: _____ Date: _____					
<i>"Liability for Returned Items: Commercial owner(s) as well as Authorized person(s) will be held liable to A1 for all returned Checks, plus a dishonored check charge."</i>					

I further certify that the above resolution has not been in any way altered, amended, or repealed and is now in full force and effect. I hereby certify that the foregoing statements made by me are true and are now in full force and effect.



# COMMERCIAL APPLICATION STATUS

This application has been **APPROVED**. All checks presented by this client must still be approved before being cashed.

All the minimum requirements have been met at the time the application was reviewed.

This application has been reviewed by a representative from the following departments:



**Verification**



**Compliance**



**Management**