



Thank you for your interest in Money Mart for Business. Money Mart is committed to helping local businesses with our fast, friendly, and professional staff. We're available to support the needs of your business whenever it's convenient for you.

COMPANY TYPE: (Check One)

Corporation

LLC

Limited Partnership

General Partnership

Sole Proprietorship

(Self-Employed/Independent Contractor)
Skip Section 1, start at Section 2

SECTION 1: COMPANY INFORMATION

Company Name: _____

Tax ID(EIN)#: _____

SECTION 2: BUSINESS INFORMATION

Year Business Started: _____

Check here if the business address is a residential address.

DBA* (if applicable): _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Nature of Business: _____ Number of Employees: _____

Website: _____ Email: _____

Anticipated Check Cashing Volume: Monthly \$ _____ Annually \$ _____

REASON TO USE MONEY MART FOR BUSINESS: (Select all that apply)

Payroll

No Bank Account

Cash Flow

Convenient Store Hours

Supplies

Other: _____

OTHER SERVICES YOU MAY BE INTERESTED IN:

Business Debit Card

Insurance

Payroll & Tax Services

Other: _____



SECTION 3: OWNER INFORMATION

Name: _____ Title: _____

ID Type: _____ ID#: _____

Country or State ID Issued: _____ ID Expiration Date: _____

SSN/ITIN: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Percentage of Ownership: _____

(If ownership is less than 100%, we will contact you to collect information about additional owners)

IMPORTANT INFORMATION

You expressly consent and agree Money Mart LLC. and their affiliates, agents, or third-party debt collectors ("Money Mart", "us" or "we") may contact you by telephone or text message at any telephone number associated with your account that you provide now or in the future, including wireless telephone numbers (i.e. cell phone numbers), regardless of whether you incur any charges from your cell phone provider as a result, in order to service your account or collect any amounts owed to us. By providing us with your telephone number or cell phone number you are expressly consenting to receiving communications by any method, including but not limited to, using any telephone dialing system, sending text messages, using manual calling methods, pre-recorded/artificial voice messages and/or use of an automatic telephone dialing system.

By signing the customer signature line immediately following this paragraph, you authorize us to contact you at the telephone number and/or cell phone number provided in this application, by using an automatic telephone dialing system or an artificial pre-recorded voice, for advertising purposes. You understand you are not required to provide this authorization as a condition of any purchase. CUSTOMER SIGNATURE: _____

I hereby certify that all of the information above is true and accurate.

Signature: _____ Date: _____

PLEASE PROVIDE THE FOLLOWING COPIES ALONG WITH THIS APPLICATION:

- Business Certificate** • State or Government Issued I.D. • Letter from IRS with assigned EIN Number† • Resolution Form‡

We will contact you if additional information is needed.

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

**Business Certificates: if Corporation, requires Certificate (Articles) of Incorporation; if LLC, requires Articles of Organization/Certificate of Formation; if LP, requires Certificate of Limited Partnership; if GP, requires Tax Certificate or Business License, Certificate or Permit; if Sole Proprietorship, requires tax certificate or business license, certificate or permit.

†If the business does not have an Employer Identification Number (EIN), a verified social security number of the owner is required.

‡Resolutions are not required for Sole Proprietorships who do not have a DBA.

Federal Law requires Money Mart to obtain sufficient information to verify your identity. You may be asked several questions and provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm personal information. The information you provide is protected by our privacy policy and federal law. Failure to provide valid or required personal and company documentation may result in suspension or denial of check cashing privileges. Periodically, Money Mart may request additional supporting documentation from our customers based on check cashing activity.

Our commercial entity customers MUST maintain active status and good standing with their respective Secretary of State agency throughout our business relationship.



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

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.

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.

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.

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.

SOLE PROPRIETORSHIP w/DBA

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 any MONEY MART affiliated companies (collectively "MONEY MART"), effective immediately, which resolution shall remain in full force until such time as repealed or amended by a superseding certification submitted to MONEY MART.

See second page to add additional authorized signers.

AUTHORIZED SIGNER (1)

Complete Name: _____ Title: _____

ID Type: _____ ID#: _____ Country or State ID Issued: _____

ID Expiration Date: _____ SSN//ITIN: _____ DOB: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Signature: _____ Date: _____

Returned Items: Commercial owner(s) and Authorized Signer will be held liable to MONEY MART for all returned checks, plus a dishonored check charge.

OWNER SIGNATURE (NOTARIZED)

I hereby certify that the foregoing statements are true and are now in full force and effect.

Company Name/DBA: _____ Date: _____

Owner Name: _____ Title: _____

Signature: _____

Subscribed and sworn before me on this _____ day of _____, 20 _____

Notary Public: _____

My Commission Expires: _____



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 MONEY MART Financial Services, Inc. or any of its affiliated companies (collectively "MONEY MART"), effective immediately, which resolution shall remain in full force until such time as repealed or amended by a superseding certification submitted to MONEY MART.

ADDITIONAL AUTHORIZED SIGNER (2)

Complete Name: _____ **Title:** _____

ID Type: _____ **ID#:** _____ **Country or State ID Issued:** _____

ID Expiration Date: _____ **SSN//ITIN:** _____ **DOB:** _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Cell Phone:** _____

Signature: _____ **Date:** _____

Returned Items: Commercial owner(s) and Authorized Signer will be held liable to MONEY MART for all returned checks, plus a dishonored check charge.

AUTHORIZED SIGNER (3)

Complete Name: _____ **Title:** _____

ID Type: _____ **ID#:** _____ **Country or State ID Issued:** _____

ID Expiration Date: _____ **SSN//ITIN:** _____ **DOB:** _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Cell Phone:** _____

Signature: _____ **Date:** _____

Returned Items: Commercial owner(s) and Authorized Signer will be held liable to MONEY MART for all returned checks, plus a dishonored check charge.

AUTHORIZED SIGNER (4)

Complete Name: _____ **Title:** _____

ID Type: _____ **ID#:** _____ **Country or State ID Issued:** _____

ID Expiration Date: _____ **SSN//ITIN:** _____ **DOB:** _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Cell Phone:** _____

Signature: _____ **Date:** _____

Returned Items: Commercial owner(s) and Authorized Signer will be held liable to MONEY MART for all returned checks, plus a dishonored check charge.