



**BANK OF DENVER**  
**ONLINE APPLICATION FOR BUSINESS ACCOUNTS**

**NOTE: BANK OF DENVER WILL ONLY OPEN ACCOUNTS FOR CUSTOMERS LOCATED WITHIN BANK OF DENVER TRADE AREAS IN COLORADO. If you wish to continue, please complete this form with the information requested. By submitting the information below, you authorize Bank of Denver to verify previous banking relationships with E-Funds.**

<b>Do you currently have an account with Bank of Denver</b>	<b>Please Mark the Correct Box:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
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**How did you hear about Bank of Denver?**

**Please Mark the Correct Box:**

☐ Mail ☐ Banner ☐ Sign/Walk-by ☐ Newspaper  
☐ Customer Referral ☐ Officer Call ☐ Other

**Please mark the appropriate box.**

☐ Sole Proprietorship ☐ Partnership  
☐ Corporation ☐ LLC  
☐ Organization/Association

☐ Business Checking ☐ Business Money Market  
☐ Business NOW ☐ Small Business Checking  
☐ Business Savings ☐ Free Business Checking

**ACCOUNT INFORMATION**

Business Name:

DBA (If applicable):

Employer Identification Number:

Physical Address:

Mailing Address (If different):

City:

City:

State/Zip:

State/Zip:

Phone:

Website:

Cell Phone:

Email Address:

Type of business (Example: Shoe store, Bakery, Gas Station, Dentist office. Do not use generic names such as "Retail", "Food Services."):

Annual Sales Volume:

Source of Funds (Example: Cash from sales, checks from vendors or customers, direct deposits from credit cards sales or payments, wire transfers):

Expected Transaction Activity (Example: 3-5 deposits a week consisting of 30-40 checks and \$1500.00 in cash, etc.):

Expected Currency/Coin Needs (Example: \$1000.00 in one-dollar bills at the beginning of the week):

Do you have credit card services at your business (Merchant services)?

☐ Yes ☐ No

If yes, who is your current provider?

**Additional Comments:** (Example: Are you a seasonal business?) Please explain unique characteristics of your business.

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BSA INFORMATION CONTINUED	
Are you engaged directly or indirectly in Marijuana-Related Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
Do you derive any income, directly or indirectly from Marijuana-Related Activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
Are you engaged directly or indirectly in Hemp-Related Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
Do you derive any income, directly or indirectly from Hemp-Related Activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
If the answer to any of these questions, you will be asked to complete the Questionnaire for Marijuana Related Business.	
Do you own or operate an ATM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many ATMS?                      Will ATM cash be replenished by funds from Bank of Denver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you buy or sell precious metals, stones, or jewels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an MSB or does it provide MSB type services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the customer a senior Political figure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what country? _____	
Is the customer a family member or close associate of a senior political figure??	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what country? _____	

SIGNERS ON ACCOUNT	
<b>SIGNER #1</b>	
Name:	
Social Security Number:	Date of Birth:
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone:	Cell Phone:
Email address:	Website:
Occupation:	Employer:
Mother's Maiden Name:	

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<b>SIGNER #2</b>	
Name:	
Social Security Number:	Date of Birth:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Email address:	Website:
Occupation:	Employer:
Mother's Maiden Name:	
<b>SIGNER #3</b>	
Name:	
Social Security Number:	Date of Birth:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Email address:	Website:
Occupation:	Employer:
Mother's Maiden Name:	
<b>SIGNER #4</b>	
Name:	
Social Security Number:	Date of Birth:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Email address:	Website:
Occupation:	Employer:
Mother's Maiden Name:	

COMPLETE ACCOUNT	
<b>(You may complete your paperwork and receive your temporary checks at any of our locations)</b>	<b>Please Mark the Correct Box:</b> <input type="checkbox"/> Corporate Office (17 <sup>th</sup> and Clarkson) <input type="checkbox"/> Leetsdale (Leetsdale and Holly) <input type="checkbox"/> Uptown (17 <sup>th</sup> and Clarkson)
<b>You may complete your paperwork and submit it to us in several ways:</b>	<b>Attn: New Account Department</b> <b>Fax to: 303-623-0624</b> <b>Mail to: P. O. Box 5081</b> <b>Denver, Co 80217</b> <b>In person: At any of the locations above.</b>

**THANK YOU FOR APPLYING FOR A BANK OF DENVER ACCOUNT. PLEASE CALL US AT 303-572-3600 WITH ANY QUESTIONS.**

## TO BE COMPLETED BY BANK REPRESENTATIVES

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*BSA Officer Signature*

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*Date*



**BANK OF DENVER**  
810 E. 17<sup>TH</sup> AVENUE ♦ DENVER, COLORADO 80218  
303-572-3600 ♦ [www.thebankofdenver.com](http://www.thebankofdenver.com)

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## **REQUIRED BUSINESS DOCUMENTATION FOR NEW ACCOUNTS**

THE BANK OF DENVER REQUIRES ONE FORM OF ID AND A SOCIAL SECURITY NUMBER FOR EACH ACCOUNT SIGNER.

### **Corporations / LLCs**

- Certificate of Good Standing (Secretary of State) **AND**
- Articles of Incorporation & By-Laws (Secretary of State) **OR**
- Articles of Organization & Operating Agreement **for LLCs** (Secretary of State)
- Federal Tax ID/EIN number (147C Letter)
- **LLC EXCEPTION:** When only having one signer, signer may use SSN.

### **Partnerships / LLPs**

- Trade Name Affidavit (Secretary of State)
- Partnership Agreement
- Certificate of Limited Partnership **for LLPs** (Secretary of State)
- Federal Tax ID/EIN number (147C Letter)

### **Sole Proprietorship**

- Trade Name Affidavit (Secretary of State)
- Social Security Number or Federal Tax ID number (147C Letter)

### **Organizations / Associations**

- Trade Name Affidavit (Secretary of State)
- Federal Tax ID/EIN number (147C Letter)
- Meeting Minutes showing designation of officers

### **Government Agencies**

**Secretary of State**  
1700 Broadway Suite 550  
Denver, CO 80290  
(303) 894-2200  
[www.sos.state.co.us](http://www.sos.state.co.us)

**Internal Revenue Service**  
1999 Broadway  
Denver, CO 80202  
(800) 829-4933  
[www.irs.gov](http://www.irs.gov)

*updated 09/21*