



Client Pre-Screen Application

Please answer the following questions as thoroughly as possible. This will assist CIP Corp. in expediting the application process.

CIP Corp. and its Processor requires specific information from our customers in order to stay compliant with the Patriot Act, Anti-Money Laundering Policies, and our Know your Customer Policy. The application includes standard information required by financial institutions when conducting business that involves monetary value. Once the application is complete, our compliance department will review and provide assistance during this process. Upon approval, your account will be established and the implementation phase can begin.

Client legal Name:

Street Address:

City:

Phone Number:

E-Mail Address:

Website:

Principal:

Principal Address:

Principal State:

Principal Date of Birth:

Principal Driver's License Number:

Suite #:

State: ZIP:

Alternate Phone:

Fax Number

Contact:

Federal Tax ID #:

Principal SSN:

Principal City:

Principal ZIP:

Principal Home Phone:

DL# State of Issue:

Type of Business:

- "C" Corporation "S" Corporation Limited Liability Company (LLC)
 Partnership Sole proprietorship Limited Partnership 501(c)3 Non Profit

Program Type:

- Payroll Commission Payments Travel Money
 Funds Distribution Incentive Virtual Card Retail Prepaid
 Prepaid Phone Card Other _____

Note: If Payroll is checked, Client agrees to comply with all applicable state escheat laws inclusive of remittance to the state of any unused card member funds.



1. Company Narrative:

Description of company to include core business, number of offices/retail locations and number of employees.

2. Card Program Narrative:

Describe the card program in detail. Description should include how the card is being marketed and/or sold, distribution method, target customer and new cardholder identification process (including USA PATRIOT ACT validation).

3. Card Funding and Loading:

Card funding Frequency:

- Monthly Bi-Weekly Weekly Daily Single Load

Average Card Load Amount: \$

Important Note: Any single wires received from your company in excess of \$250,000 will require an on-site visit from a CIP/Transcard representative before the funds are approved by our Accounting Department and are available for your use.

The following levels of information must be obtained by CIP Corp. per our National Sponsor Bank's rules and regulations. Please provide all information to CIP Corp. so in order to expedite your application.

4. Information about Company Principals

a. Please provide all executive officer's legal names, home addresses and home (landline) phone numbers:

_____	_____
_____	_____
_____	_____



b. Please provide Driver's License Numbers and Date of Birth for all principals within the corporation:

_____	_____
_____	_____
_____	_____

5. How long have you been in business? _____

6. A) Are you a public company? If not, then your company would be considered a private corporation.

- No
- Yes

B) If not, please provide ownership information:

7. Do you wish to place limits on the dollar amount that can be loaded on one card, or that can be transmitted at any one time?

- No
- Yes

B) If yes, what are the limits? Specify for which.

8. A) What information do you collect about your customers (i.e. name, physical address, government issued identification with photo, SSN, etc.)?

B) How do you verify customer information?

9. When do you plan on launching your program? As part of the CIP Corp. agreement, we require copies of all advertising, collateral material, card art, etc. in advance for approval (there must be at least 3-4 weeks between CIP Corp. receiving this information and your launch).



10. Detailed explanation of business model for card activity (*maximum 500 words*).

11. Description of expected activity and monthly volume:

THE CLIENT

Signature: _____

Name:

Title:

Date:

Communities In Partnership, Corp. (*Office Use Only*)

Application approved

Application declined

Date: _____

By: _____