



Corporation / Partnership Application Packet

Thank you for choosing David's Financial as your commercial check casher provider. We will strive to make your experience with us courteous and efficient. We will go the extra step to cash your check.

The New York State Banking Department requires that we gather certain information from our customers. This information is completely confidential and is only available for inspection by the NYS Banking Department.

Please complete all information in this packet and notarize as needed. For your convenience many of our locations offer notary services, please call for more information.

Corporation / Partnership
APPLICATION FOR COMMERCIAL CHECK CASHING ACCOUNT

Name of Company: _____
Form of organization (check one) Corporation Limited Liability Company
 Partnership

Address: _____
City, State, Zip: _____

Name of Contact Person: _____
Office Phone: _____ Fax Phone: _____
Cell Phone: _____ Home Phone: _____

Bank Name: _____
Bank Account Number: _____
Bank Account Officer: _____ Phone: _____

Type of Business: _____
Reason check cashing Services needed _____

Estimated monthly dollar amount of checks to be cashed: \$ _____

Please provide the following information with this application:

1. Executed Resolution Granting Authority to Cash Company Checks (attached)
2. Appropriate Affidavit authorizing individual to cash checks made in the company name. The affidavit must be signed by the corporate officers and / or shareholders (attached)
3. **As Appropriate** - By-Laws, Operating Agreement, Partnership Agreement or equivalent.
4. **As appropriate** - New York State Division of Corporation Certificate of Incorporation and State Records Receipt. Articles of Organization, Certificate of Registration or equivalent.
5. Internal Revenue Service letter assigning the Entity an EIN.

The undersigned, on behalf of the above-named company (_____) hereby requests a commercial check cashing account with David's Check Cashing. The account will be used for the above purposes only, and will not be used to avoid or circumvent any financial reporting requirements, conceal the nature or volume of business being conducted by the Company or for any illegal purposes of any kind.

The undersigned attests that the information provided herein is true and accurate, and hereby authorizes David's Check Cashing to conduct any reasonable background investigations or credit inquiries, contact bank account officer, provided herein, or take any other steps it deems necessary in order to satisfy itself that the Company qualifies for a Commercial Check Cashing Profile.

Signature _____ Date _____
Print Name: _____
Title: _____

Affix Corporate Seal

AFFIDAVIT VERIFYING CORPORATE SIGNING AUTHORITY

I, _____(Name)_____ (title)
of _____(Company).

MAKE OATH AND SAY:

1. That I am an officer or director of _____ (Company), name in the within or annexed instrument.
2. I am authorized by the Corporation to execute the instrument without affixing a corporate seal.
3. I hereby authorize _____ as a person authorized to negotiate any check on behalf of _____(Company).

SWORN BEFORE ME at the City of _____ in the _____ of _____,
this ____ day of _____, _____.

Signature

A Commissioner for Oaths in and for _____

**Limited Liability and Partnership
AFFIDAVIT VERIFYING CORPORATE SIGNING AUTHORITY**

I, _____ (Name), of _____ (Company),
MAKE OATH AND SAY:

1. That I am an officer or director of _____ (Company), named
in the within or annexed instrument.
2. I am authorized by the Corporation to execute the instrument without affixing a corporate
seal.

SWORN BEFORE ME at the City Of _____, in the _____ of
_____, this ____ day of _____.

Signature

A Commissioner for Oaths in and For _____