



MAIN STREET BANK

727 Elden Street, Herndon, VA 20170
PH: (703) 481-4567 FAX: (703) 481-4568

4029 Chain Bridge Road, Fairfax, VA 22030
PH: (703) 218-5160 FAX: (703) 481-4568

Business Services Application

BUSINESS INFORMATION

| | | | | | | | |
|---|--|---------------------------|------|-----------------------------|---|---------------|--------|
| Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit <input type="checkbox"/> Government | | | | | | | Other: |
| Corporate / Legal Name | | | | DBA Name | | | |
| Physical Address | | | City | | State | ZIP Code | |
| Billing Address (if different) | | | City | | State | ZIP Code | |
| Phone Number | | Fax Number | | | Website Address / URL | | |
| Federal Tax ID Number | | Date Formed | | Length of Current Ownership | | | |
| Primary Contact Name | | Title | | Phone Number | | Email Address | |
| Secondary Contact Name | | Title | | Phone Number | | Email Address | |
| Number of Accounts | | Days & Hours of Operation | | | Time Zone <input type="checkbox"/> EST <input type="checkbox"/> CST <input type="checkbox"/> MST <input type="checkbox"/> PST <input type="checkbox"/> HST | | |

BUSINESS PROFILE

Business Description (describe what types of products or services you will be accepting payments for)

How Are Your Payments Received?
 Mail ____% In Person ____% Telephone ____% Internet ____% Other ____% (specify):

Do You Currently Accept Credit Cards? Are Your Payments Seasonal? Last Month's Total Payments
 Yes No Yes No \$_____ Check _____% Credit Card _____%

Please provide details about your current and anticipated check processing activity. The information you enter will be used to determine your underwriting criteria. Please complete all of the fields, ensuring that both current and projected numbers are accurate.

_____ How many payments do you typically process each day?
 _____ How many payments do you typically process each month?
 \$_____ What is the average dollar amount per payment? \$_____ Maximum daily amount of payments
 \$_____ What is the maximum dollar amount per payment? \$_____ Maximum daily amount of credits
 _____ Do you currently offer a recurring payment option?

Payment Frequency from Any One Individual
 Daily Weekly Bi-Weekly Monthly Other (specify):

Services Requested (check all that apply)

| Payment Processing | | Cash Management | |
|---|--|---|---|
| <input type="checkbox"/> Single Feed Check Scanning | <input type="checkbox"/> Preauthorized Single Payment | <input type="checkbox"/> Online Banking | <input type="checkbox"/> Wire Transfer |
| <input type="checkbox"/> Multi Feed Check Scanning | <input type="checkbox"/> Preauthorized Recurring Payment | <input type="checkbox"/> Bill Payment | <input type="checkbox"/> Direct Deposit (Payroll) |
| <input type="checkbox"/> Web Payment | <input type="checkbox"/> Telephone Payment | <input type="checkbox"/> Visa Business Debit Card | |
| Treasury Services | | | |
| <input type="checkbox"/> CD Margin | <input type="checkbox"/> Repurchase Agreement | <input type="checkbox"/> Escrow Management | <input type="checkbox"/> Lockbox |



AUTHORIZED SIGNER(S)

Please complete the fields below. The information you provide will be held in strict confidence.

| | | | | |
|------------------------------|-------------------|---------------|------------------------|-------------|
| Primary Owner/Officer Name | | Occupation | Social Security Number | |
| Home Address | | City | State | ZIP Code |
| Date of Birth | Home Phone Number | Email Address | | Ownership % |
| Secondary Owner/Officer Name | | Occupation | Social Security Number | |
| Home Address | | City | State | ZIP Code |
| Date of Birth | Home Phone Number | Email Address | | Ownership % |
| Additional Signer Name | | Occupation | Social Security Number | |
| Home Address | | City | State | ZIP Code |
| Date of Birth | Home Phone Number | Email Address | | |
| Additional Signer Name | | Occupation | Social Security Number | |
| Home Address | | City | State | ZIP Code |
| Date of Birth | Home Phone Number | Email Address | | |

BANKING ACCOUNT INFORMATION

Number of Bank Accounts by Type

Business Checking
 Commercial Checking
 Non-Profit Checking
 Business Money Market
 Business Savings

SIGNATURES

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

This information is provided for the purpose of verifying who you are. Applicant(s) acknowledge that representations made will be relied on by MAINSTREET BANK, in its decision to open a deposit account or to grant credit.

Applicant(s) acknowledge that the information provided is true and correct in every detail. Applicant(s) further authorize MAINSTREET BANK to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the identification and creditworthiness of the Applicant(s). Applicant(s) will promptly notify MainStreet Bank of any subsequent changes which would affect the accuracy of this Statement.

MainStreet Bank is authorized to answer any questions about its credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding identity can be a violation of federal law, and may result in a fine, imprisonment or both.

| | |
|---|---|
| Primary Owner Signature X Print Name _____ Date _____ Title _____ | Secondary Owner Signature X Print Name _____ Date _____ Title _____ |
| Additional Signer Signature X Print Name _____ Date _____ Title _____ | Additional Signer Signature X Print Name _____ Date _____ Title _____ |

To Be Completed by MainStreet Bank

Accepted by: _____
Date: _____