



**UNIVERSAL BANKING & PAYMENT PROCESSING APPLICATION  
SCHEDULE "B" - COMPLIANT BANK ACCOUNT QUESTIONNAIRE**

**APPLYING FOR (Check all that apply)**

Licensee Operating Account <input type="checkbox"/>	Licensee Legacy Funds Account <input type="checkbox"/>	Ancillary Operating Account <input type="checkbox"/>
Investment Operating Account <input type="checkbox"/>	CBD/Nutraceuticals Operating Account <input type="checkbox"/>	Other (Specify)

Projected Total Monthly Deposits	% Cash	Projected Total 1st Year Deposits	% Cash
----------------------------------	--------	-----------------------------------	--------

If you sell goods & services to (other) licensees, what % is paid in cash? \_\_\_\_\_ Do you sell to the general public? yes  no

What % of your initial deposit will be in cash? \_\_\_\_\_ Amount of cash to be deposited in 1st 30 days? \_\_\_\_\_

**BUSINESS STRUCTURE (Check all that apply)**

Corporation  LLC  Non-Profit  Public  Partnership  Sole Proprietor  Tribal  Other (Specify)

States applicant is registered to conduct business in? \_\_\_\_\_

**BANKING SERVICES (Check all that apply)**

Employee Accounts <input type="checkbox"/>	Payroll Service <input type="checkbox"/>	Commercial Lending <input type="checkbox"/>	Business Checking <input type="checkbox"/>	Bill Pay <input type="checkbox"/>	Debit Card(s) <input type="checkbox"/>	ACH <input type="checkbox"/>	Wires <input type="checkbox"/>
Equipment Leasing <input type="checkbox"/>	Real Estate Financing <input type="checkbox"/>	Check Deposit <input type="checkbox"/>	Investment & CDs <input type="checkbox"/>	Cash Advance <input type="checkbox"/>	Cash Management <input type="checkbox"/>	Other (Specify)	

**COMPLIANCE**

Are any company principals, officers, or beneficial owners citizens of Afghanistan, Libya, North Korea, Sudan, Syria or Yemen? yes  no

*If applicable, briefly describe or identify your current:*

POS System: \_\_\_\_\_

Seed to Sale Tracking System: \_\_\_\_\_

Other Compliance Programs, Software and/or Consultants: \_\_\_\_\_

Any prior POS system used for historical records? <input type="checkbox"/> yes <input type="checkbox"/> no	If YES, please describe and identify:
--	---------------------------------------

Have you ever been cited for non-compliance? <input type="checkbox"/> yes <input type="checkbox"/> no	If YES, when and why?
---	-----------------------

Does one or more of your entities currently have a bank account? yes <input type="checkbox"/> no <input type="checkbox"/>	If NO, have one or more of your entities had a bank account within the last sixty (60) days? yes <input type="checkbox"/> no <input type="checkbox"/>
---	---

Describe/Explain: \_\_\_\_\_

*If you answered YES to either question above regarding having a bank account: Is/was the branch manager aware of your association with the cannabis industry?* yes  no

Briefly describe what if any compliance and reporting the bank requires/required: \_\_\_\_\_

Are you currently accepting electronic payments for goods or services? yes <input type="checkbox"/> no <input type="checkbox"/>	If YES, briefly describe and/or identify processor:
---	---

Company Name	Application Contact Name
--------------	--------------------------

Email	Phone
-------	-------





**UNIVERSAL BANKING & PAYMENT PROCESSING APPLICATION  
SCHEDULE "C" - COMPLIANT MERCHANT PROCESSING QUESTIONNAIRE**

APPLYING FOR : (Check all that apply)											
POS/Dispensary	<input type="checkbox"/>	Mobile/Delivery	<input type="checkbox"/>	Shopping Cart	<input type="checkbox"/>	B2B	<input type="checkbox"/>	B2C	<input type="checkbox"/>	E-Check/ACH	<input type="checkbox"/>
Current Monthly Revenue						Projected 1-Year Revenue					
Are you currently using any electronic payment solutions?						If YES, please identify/describe:					
<input type="checkbox"/> yes <input type="checkbox"/> no											
If applicable, briefly describe or identify your current:											
POS System:											
Seed to Sale Tracking System:											
Other Compliance Programs, Software and/or Consultants:											
Processing Gateway:											
Online Shopping Cart System:											
Has a payment processor, including in-store or cashless ATM ever terminated any of your accounts?										<input type="checkbox"/> yes <input type="checkbox"/> no	
If YES, please identify the processor(s) and provide details and an explanation for each instance:											
Method of Acceptance: <i>(Must equal 100%)</i>		MOTO	%	Internet	%	Swipe	%	Average Ticket Size		Highest Ticket Size	
URL (s):						Descriptor: <i>(Max 25 characters - example: company name, phone #, url) to be shown on buyer's credit card statement</i>					
Description of Products/Services Sold:						Recurring Services:		If YES, describe:			
						<input type="checkbox"/> yes <input type="checkbox"/> no					
Is a Call Center Used?		If YES, describe:				Is a Fulfillment House Used?		If YES, describe:			
<input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/> yes <input type="checkbox"/> no					
Average Monthly Chargebacks		% Amount	# Amount	\$ Amount		Average Monthly Refunds		% Amount	# Amount	\$ Amount	
Notes:											
Phone						Application Contact Name					
Company Name						Email					





**UNIVERSAL BANKING & PAYMENT PROCESSING APPLICATION  
SCHEDULE "D" - BUSINESS PROFILE QUESTIONNAIRE**

**TYPE OF COMPANY (Check only those that apply to and describe your type of business)**

**LICENSEES**

Dispensaries <input type="checkbox"/>	Cultivators & Grow Operations <input type="checkbox"/>	Manufacturing & Processing <input type="checkbox"/>
Extraction & Infused Products <input type="checkbox"/>	Wholesale Distribution <input type="checkbox"/>	Scientific, Pharmaceutical, Research & Development <input type="checkbox"/>

**B2B ANCILLARY PROFESSIONALS (Receiving Payment for Services from Licensees)**

Test Labs <input type="checkbox"/>	Attorneys and Legal Services <input type="checkbox"/>	Accounting and Tax Services <input type="checkbox"/>
Business & Capital Formation Advisory <input type="checkbox"/>	Finance, Leasing & Asset Management <input type="checkbox"/>	Licensing, Regulatory & Compliance <input type="checkbox"/>
Banking & Payment Solutions <input type="checkbox"/>	Delivery Services <input type="checkbox"/>	Insurance & Risk Management <input type="checkbox"/>
Internal & External Security Systems <input type="checkbox"/>	Hedge Funds & Private Equity <input type="checkbox"/>	Landlords & Real Estate Brokers <input type="checkbox"/>
Marketing, Advertising & Branding <input type="checkbox"/>	Websites and Social Media <input type="checkbox"/>	Public Relations <input type="checkbox"/>
Plumbers, Electricians & General Contractors <input type="checkbox"/>	Personnel & Human Resources <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

**B2B ANCILLARY ENTERPRISES (Receiving Payment for Goods from Licensees)**

Manufacturers & Distributors of Vapes, Dabs, Glassware, Clothing, Non-Plant-Derived Merchandise & Other Smoking Accessories <input type="checkbox"/>	Automobile & Truck Dealers <input type="checkbox"/>
Capital Equipment - Manufacturers & Distributors <input type="checkbox"/>	Greenhouses, Lighting, Irrigation & Cultivation Systems <input type="checkbox"/>
Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

**ASSOCIATED VERTICALS**

CBD Brick & Mortar Retail <input type="checkbox"/>	CBD Regional & National Manufacturers & Wholesale Distributors <input type="checkbox"/>	CBD Online & Shopping Cart Integration <input type="checkbox"/>
Peptides <input type="checkbox"/>	Kratom <input type="checkbox"/>	Cannabis Seeds <input type="checkbox"/>
Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

**GENERAL TRADE SERVICES**

Investment Advisory <input type="checkbox"/>	Venture Capital and Angel Investors <input type="checkbox"/>	Education <input type="checkbox"/>
Printing & Publishing <input type="checkbox"/>	Trade Shows & Conferences <input type="checkbox"/>	Trade Show Exhibits <input type="checkbox"/>
Data & Reporting Services <input type="checkbox"/>	Trade Associations <input type="checkbox"/>	Trade Media <input type="checkbox"/>
Advocacy & Campaigns <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

**B2C ANCILLARIES (Receiving Payment for Goods & Services from the General Public)**

Medical Practitioners <input type="checkbox"/>	Tour Operators <input type="checkbox"/>	Directories & Information Services <input type="checkbox"/>	Trade Associations <input type="checkbox"/>
Brick & Mortar and Online Retailers of Vapes, Dabs, Glassware, Clothing, Non-Plant-Derived Merchandise & Other Smoking Accessories <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>		

**PUBLIC COMPANIES, HYBRIDS AND MULTI-STATE OPERATORS**

Publicly-Traded Entities <input type="checkbox"/>	Public Companies with Multi-State Licensed Subsidiaries <input type="checkbox"/>	Multi-State Licensed Operators <input type="checkbox"/>
---	--	---



**UNIVERSAL BANKING & PAYMENT PROCESSING APPLICATION  
SCHEDULE "D" - BUSINESS PROFILE QUESTIONNAIRE  
Page Two**

**LEGAL STRUCTURE (Check all that apply)**

Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Public <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Tribal <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
--------------------------------------	------------------------------	---------------------------------	--------------------------------------	--	---------------------------------	-------------------------------------	--

States applicant is registered to conduct business in?

**COMPANY FRAMEWORK**

Legal Name	Trade Name	1st License Issue Date (Mo/Yr) <i>If applicable</i>
Legal Name	Trade Name	1st License Issue Date (Mo/Yr) <i>If applicable</i>
Legal Name	Trade Name	1st License Issue Date (Mo/Yr) <i>If applicable</i>
<b>Application Contact:</b>	Name	Phone
Email		

HQ Address

**Licensed Operation Location(s) (by State & City/County)**

B2C & Dispensary(s):

Cultivation Facility(s)

Manufacturing Facility(s)

Other Facilities (Specify Type)

**Ancillary Operation Location(s) (by State & City/County)**

**Principals & Beneficial Owners (10%+)**

Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)

**Management**

Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)

