

Please verify the following information:

Change if incorrect:

1. Primary Business Owner \_\_\_\_\_
2. Have you added any new owners?  Yes  No If so, please provide names below.  
\_\_\_\_\_
3. Business Access Number \_\_\_\_\_
4. Name of your business \_\_\_\_\_
5. Business Telephone Number \_\_\_\_\_
6. Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Physical Location Address *(Cannot be a PO Box.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Legal structure of your business for tax reporting purposes?  
\_\_\_\_\_
9. What is the nature/purpose of your business?  

<input type="checkbox"/> Administrative Services	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Construction
<input type="checkbox"/> Food Services _____ <small>(Specify Type)</small>	<input type="checkbox"/> Retail _____ <small>(Specify Type)</small>
<input type="checkbox"/> Consulting _____ <small>(Specify Type)</small>	<input type="checkbox"/> Transportation _____ <small>(Specify Type)</small>
<input type="checkbox"/> Other _____	
10. How many employees do you have?  
 0-5                       11-20                       6-10                       21+
11. If you are an association or club, how many members do you have? \_\_\_\_\_
12. Please check your estimated annual sales/revenue.  
 Less than \$100,000                       Less than \$1,000,000  
 Less than \$500,000                       Greater than \$1,000,000
13. Is the internet a major source of revenue for your business?     Yes     No
14. Do you conduct business exclusively on the internet?             Yes     No
15. Please provide a description of your business' primary trade area. (Check all that apply.)  
 Local Community                       Domestic U.S.                       Other  
 Statewide                                       International
16. What is the primary means for collecting revenue for your business account? (Check all that apply.)  
 Cash                                       ACH/Wire  
 Checks                                       Debit/Credit Cards (Merchant Card Processing)
17. What is the purpose/type of transactions for which your Navy Federal Business Account will be used?  
 Operating/General Purpose                       Escrow Management  
 Savings/Investment                       Other \_\_\_\_\_
18. How close is your primary business location to a Navy Federal branch?  
 Less than 5 miles                       Less than 20 miles                       More than 50 miles  
 Less than 10 miles                       Less than 50 miles                       Not close to a branch
19. Do you have accounts for this business with an institution other than Navy Federal?  Yes  No  
If so, please list below.  
\_\_\_\_\_  
\_\_\_\_\_
20. If your business account is in an inactive or dormant status and you would like to close your account, please check here .  
*If checked, any remaining funds in the account will be sent via check to the business address on file.*

Tax Reporting Identification No. \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

