

Trading As Letter

Date _____

Name of Business _____ F.I.D # _____

Address of Business _____

City, State & Zip _____

Business Telephone # () _____

Fax Telephone # () _____

Type of Business _____

Referred By _____

PERSONS CONNECTED WITH BUSINESS

Primary _____
Signature

Social Security # _____

Driver License # _____

Home Address _____

City, State & Zip _____

Home # () _____ Cell # () _____

Date of Birth _____

Secondary _____
Signature

Social Security # _____

Driver License # _____

Home Address _____

City, State & Zip _____

Home # () _____ Cell # () _____

Date of Birth _____

CORPORATE RESOLUTION

I _____, Owner President Secretary (Circle one)

Company Name: _____

Company Location: _____

Federal I.D. Number: _____

The corporation listed above hereby certifies that the following is a true copy of the resolution adopted by the board of directors and stockholders of “This Corporation” at meetings duly held on proper notice, a quorum being present; and all corporate requirements and procedures being properly satisfied and that such resolutions are now in full force and effect:

Resolved that “***Community Check Cashing***” a licensed check cashing service organized pursuant to the laws of New Jersey is hereby specifically granted the authority to cash “This Corporation” checks, notes, or drafts endorsed

by: _____ and to immediately upon presentment to provide to said person or his agent or employees the money proceeds, it being specifically acknowledged

that: _____ has full power and authority to sign, endorse, cash, accept, make, execute, and deliver all checks, notes or drafts and to do all the acts requisite for effecting these premises and that no other endorsements nor countersignatures are required by “This Corporation”.

Further, resolved, that “***Community Check Cashing***” may cash all checks, notes, or drafts when said instruments bear the single facsimile, signature, or endorsements of: _____ regardless of by whom or by what means the actual or purported facsimile signatures resemble the facsimile specimen.

Further, resolved, “***Community Check Cashing***” is hereby directed to accept, and/or pay and/or cash any note, draft, check when signed as required by this resolution without

limit as to amount, without inquiry and without regard to the disposition of any such item or any proceed thereof, and “**Community Check Cashing**” shall not be liable in connection therewith.

Further, resolved, that “This Corporation” shall hold harmless, indemnify and immediately reimburse “**Community Check Cashing**” for any and all expenses, payments, disbursements, or endorsed by an improper party or in the event said instrument is not honored for any reason whatsoever.

“**Community Check Cashing**” is not liable for any tax filing on behalf of “This Corporation”.

That each of the foregoing resolutions and the authority thereby conferred shall remain in full force and effect until written notice of recession or modification, therefore is received by “**Community Check Cashing**” that the Secretary or any Assistant Secretary or any other officer of “This Corporation” he and each of them hereby is authorized and directed to certify, under the seal of “This Corporation” or not, but with like effect in the latter case to “**Community Check Cashing**” to foregoing resolutions, the names of the respective officers of “This Corporation” any changes from time to time in the personnel of the said officers and specimens of their respective signatures; and that “**Community Check Cashing**” may conclusively assume that any and all persons at any time certified to it to be officers of “This Corporation” hold and continue to hold their respective offices until receipt by “**Community Check Cashing**” of written notice to contrary and said “**Community Check Cashing**” shall be held harmless in such reliance.

IN WITNESS WHEREOF I have hereunto signed my name Secretary or President and affixed the seal of:

This _____ day of _____ 20_____

Approved by: _____

President Name: _____ Signature: _____
SSN: _____ DL# _____
Home Address: _____ City, State, Zip: _____
Business Phone#: _____ Cell Phone#: _____
Fax#: _____ Home Phone#: _____
Date of Birth: _____ Type of Business: _____

Secretary Name: _____ Signature: _____
SSN: _____ DL #: _____
Home Address: _____ City, State and Zip: _____
Business Phone #: _____ Cell Phone #: _____
Fax #: _____ Home Phone #: _____
Date of Birth: _____ Type of Business: _____

NOTICE

All information requested by this form is being gathered and kept pursuant to the requirements of the New Jersey Check Cashing Regulatory Act of 1993. All appropriate local, state and government forms as mandated by law will be filled. Providing false information in response to the questions on this form is a violation of the criminal laws of the State of New Jersey and will subject the person(s) providing such false information to punishment which could include fines and imprisonment. See New Jersey Statues Title 2C, sections 2I-7H; 2B-3A and 2B-7B NJSA 2C:2I-7H; 2c:2B-3A; 2C:28-7B.

APPROVED BY: _____

IF YOUR CORPORATION HAS MORE THAN ONE MEMBER, MUST ALL MEMBERS BE PRESENT WHEN CASHING CHECKS? YES/NO (CIRCLE ONE)

If you would like to have someone either than a member of the corporation cash checks payable to your company, kindly sign authorization below.

Name of additional casher: _____

Signature: _____

Name of additional casher: _____

Signature: _____

Name of Individual Authorizing: _____

Signature: _____