



SOLE PROPRIETOR COMMERCIAL CHECK CASHING APPLICATION KIT

Thank you for considering RiteCheck Financial Services Centers for your commercial check needs. We will make every effort to make your check cashing experience with us one of prompt, accurate and courteous service.

Before we can cash commercial check we need your help. The New York State Banking Department requires that we collect certain information from our commercial customers. This information is kept on file for the inspection of the NYS Banking Department only. This information is not shared with any third party. It is completely confidential.

Please complete all information in this corporate kit and have it notarized where indicated. If you need a Notary Public, RiteCheck will be happy to assist you by notarizing your papers. Should you have any questions or need additional assistance, please feel free to call any of our convenient locations.

Please provide <i>all</i> the information requested.	
Business Name:	
Business Address:	
Business Telephone:	
Business Fax:	
Business E-Mail:	
Type of Business:	
Tax ID# / EIN#	

AFFIDAVIT AUTHORIZING CASHING OF CHECKS PAYABLE TO THE COMPANY

I, _____, _____, of _____,
Name Title Company

a sole proprietor organized under the laws of the State of New York, hereby certify that I agree to the following statement:

The individual(s) listed below is/are hereby authorized to present on behalf of the Company checks, drafts and money orders payable to said Company for purposes of cashing at RiteCheck with Headquarters at 715 East 138th Street, Bronx, NY, effective until otherwise ordered pursuant to a repealing affidavit.

	Presenter #1	Presenter #2	Presenter #3
Name:			
Address:			
Telephone:			
Fax:			
E-Mail:			
Date of Birth:			
Occupation:			
ID Type & No.:			
Social Security No:			

AND I DO FURTHER CERTIFY that the above resolution has not been in any way altered, amended, or repealed and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of said of

_____ day of _____, 20_____.

Signature

Title of Signer

AFFIDAVIT OF SOLE OWNERSHIP

STATE OF NEW YORK)
) SS.
COUNTY OF)

_____, of full age, being duly sworn according to law, deposes and says:

1. I am engaged in business under the assumed name and style of _____
insert business name and type of entity

2. I reside at _____
insert residence address

3. The principal location of my business is _____
insert business address

4. I am the sole owner of the business and no other person, firm or corporation has any interest therein.

5. All property in the name of _____
insert business name
belongs to me and is my sole property.

Name

In testimony whereof, I have hereunto set my hand and official seal at: _____

_____ this _____ day of _____ 20_____.

Notary Public

COMMERCIAL CHECK CHECKLIST

FOR OFFICE USE ONLY - BUSINESS FILE

A Blank Check from the business	
Affidavit of sole ownership	
Affidavit from the business identifying each individual that is authorized to cash checks made payable to business; or	
Signed Letter of Consent	

How did you find out about us?

RiteCheck Manager: _____

Date Application Approved: _____

Audit Date: _____ Audited by: _____