



Manfra, Tordella & Brookes, Inc.

USA PATRIOT Act Compliance Domestic Dealer/Corporate Information Sheet

Date: _____

Acct #: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID: _____

Type of Organization (Inc, LLC, Individual, etc.): _____

Telephone #: _____ Fax #: _____

Web-Site: _____ E-mail: _____

Name of Primary Officer: _____ Title: _____

Primary Contact: _____ Position: _____

Telephone #: _____ E-mail: _____

Name of Bank: _____

Address: _____

Bank Officer: _____ Tel #: _____

What Industry/Trade Organizations do you belong to (ie: JBT, JVC, ICTA, ANA, etc.):

Do you have an Anti-Money Laundering program in place? _____

If not, is your company required to have one in place? _____

If you do not have an AML program in place and are required to have one, please state

reason for non-compliance: _____

Signature

Printed Name & Title

Please sign below to indicate your acceptance of responsibility for obtaining all information required by your own AML compliance program for all shipments by MTB directly to your customers (drop-shipping). If you do not signify your acceptance by signing below MTB will need information from your client to fulfil our own compliance requirements in order to drop-ship directly to your clients.

Signature

Printed Name & Title

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