

I. Completed by Postal Employee

Without alerting customer(s), provide as much of the following information as possible. Complete this form only after the customer leaves. **Provide only information obtainable from behind the counter. Employee safety is the most important priority.**

	Begin Serial No.	Thru	End Serial No.
Money Order Range 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money Order Range 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money Order Range 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money Order Range 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer No.:	<input type="text"/>		
Transaction Amount: \$	<input type="text"/>	Transaction Date:	<input type="text"/>
Transaction Time:	<input type="text"/>	Recorded by Camera?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Type:	<input type="checkbox"/> Purchased <input type="checkbox"/> Redeemed <input type="checkbox"/> Other (Describe in Comment Section)		

II. Identifying Information for Primary Customer (List information for additional customers in Comment Section)

Business Name/Customer Last Name		First Name	
<input type="text"/>		<input type="text"/>	
Address (Number, Street, Box, Suite/Apt. No.)			
<input type="text"/>			
City	State	ZIP+4®	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Business	Date of Birth (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>		
Social Security No.	Driver's License No. (US Only)	(State)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other ID No.	Type of Other ID		
<input type="text"/>	<input type="text"/>		
Debit/Credit Card No.	Vehicle License No.		Round Date Stamp
<input type="text"/>	<input type="text"/>		
State	Description of Customer(s) - (Sex and Approximate Age)		
<input type="text"/>	1. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="text"/> 3. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="text"/>		
	2. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="text"/> 4. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="text"/>		

Comments: (Check all that apply) Use the comments section below (and reverse of this form) to provide greater detail about the customer(s).

- | | |
|--|---|
| <input type="checkbox"/> 1. Comes in frequently and always purchases less than \$3,000 worth | <input type="checkbox"/> 3. Two or more people working together |
| <input type="checkbox"/> 2. Asked for lesser amount after being advised to complete PS Form 8105-A | <input type="checkbox"/> 4. Unusual Activity (Explain below) |

Attention

Mail this form Daily to:

**USPS BSA COMPLIANCE
PO BOX 9005
SIOUX FALLS, SD 57117-9005**

Post Office Zip Code

