



**CHOICE MONEY TRANSFER, INC.**

LICENSED AS A MONEY TRANSMITTER BY THE BANKING DEPARTMENT OF THE STATE OF NEW YORK

Phone: 212.268.9290  
Toll Free: 877.268.6458  
Fax: 212.268.9245  
350 Fifth Ave., New York, NY 10118

Date: \_\_\_\_\_

**SENDER (For Transactions over US \$3,000, the sender must fill out the [BSA Form](#))**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sender's Address \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephones \_\_\_\_\_

**RECEIVER (For transactions to Brazil include ID)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Receiver's Address \_\_\_\_\_

Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Brazil ID \_\_\_\_\_

<b>SELECT ONLY ONE</b>		
Office Pickup <input type="checkbox"/>	Home Delivery <input type="checkbox"/>	Bank Delivery <input type="checkbox"/>

**FOR BANK DELIVERY**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account Number \_\_\_\_\_ Account Type (Checking, Saving, Etc.) \_\_\_\_\_

**FOR OFFICE PICK UP (Please call customer service to request information)**

Payee: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_ Tel \_\_\_\_\_

<b>TRANSACTION INFORMATION</b>	
Currency to Pay	_____
Sent Amount:	\$ _____
Service Charge:	\$ _____
Total:	\$ _____
<b>The exchange rate applied will correspond to the date the check clears, the money order is received or the wire transfer or deposit is verified.</b>	
<b>For Internal use:</b>	
Exchange Rate (per USD):	_____
Amount Receivable (in local currency):	_____

\_\_\_\_\_  
Customer Signature

Sender has checked the accuracy of the information above, and guarantees the lawfulness of this transaction.