

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH INDIVIDUAL OR BUSINESS WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ALSO ASK TO SEE YOUR DRIVER'S LICENSE AND/OR OTHER IDENTIFYING DOCUMENTS.

SECTION I: IF MERCHANT IS A GOVERNMENT ENTITY, CHECK BOX FOR SUPPORTING DOCUMENTATION PROVIDED

**** DO NOT COMPLETE SECTIONS II AND III**

- GOVERNMENT ENTITY ARTICLES OF INCORPORATION
- GOVERNMENT ENTITY TAX DETERMINATION LETTER
- GOVERNMENT ENTITY THIRD PARTY VERIFICATION (DESCRIBE) _____

BUSINESS NAME

SECTION II: CHOOSE A FORM OF IDENTIFICATION (MINIMUM, ONE BOX MUST BE CHECKED AND COMPLETED,

AND SUPPORTING DOCUMENTATION MUST BE PROVIDED) ** COMPLETE SECTION III BELOW FOR ADDITIONAL REQUIRED INFORMATION

GOVERNMENT ISSUED BUSINESS LICENSE

IDENTIFICATION NUMBER _____
 PLACE OF ISSUANCE _____
 DATE OF ISSUANCE _____ EXPIRATION DATE _____

TAX RETURN

I.R.S. EMPLOYER IDENTIFICATION NUMBER _____
 TYPE OF TAXES FILED _____
 PLACE OF ISSUANCE _____ DATE FILED _____

CORPORATE RESOLUTION

PLACE OF ISSUANCE _____
 DATE FILED _____

ARTICLES OF INCORPORATION

PLACE OF ISSUANCE _____
 ARTICLES OF INCORPORATION FILE DATE _____

PARTNERSHIP AGREEMENT

NAME OF WHO EXECUTED PARTNERSHIP AGREEMENT _____
 DATE OF PARTNERSHIP AGREEMENT _____

BUSINESS FINANCIAL STATEMENTS

DATE _____
 TYPE: BALANCE SHEET _____ INCOME STATEMENT _____ STATEMENT OF CASH FLOWS _____

ON-SITE VISIT

DATE _____ BUSINESS CONSISTENT WITH APPLICATION: YES NO

SEC FILING

STOCK TICKER SYMBOL _____

INDIVIDUAL NAME

ADDRESS OF RESIDENCE

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)

DATE OF BIRTH

SECTION III: CHOOSE A FORM OF IDENTIFICATION (MINIMUM, ONE BOX MUST BE CHECKED AND COMPLETED)

A VALID DRIVER'S LICENSE IS REQUIRED. IF NO DRIVER'S LICENSE IS AVAILABLE THE INDIVIDUAL SIGNING ON BEHALF OF THE MERCHANT MUST INITIAL HERE TO INDICATE THE INDIVIDUAL DOES NOT HOLD A DRIVER'S LICENSE AND CHOOSE ANOTHER FORM OF IDENTIFICATION LISTED BELOW: MERCHANT INITIALS _____

DRIVERS LICENSE IS: MORE THAN 90 DAYS OLD LESS THAN 90 DAYS OLD (CREDIT CARD INFORMATION REQUIRED)

DRIVER'S LICENSE NUMBER _____ DATE OF ISSUANCE _____ STATE OF ISSUANCE _____ EXPIRATION DATE _____

STATE ID IS: MORE THAN 90 DAYS OLD LESS THAN 90 DAYS OLD (CREDIT CARD INFORMATION REQUIRED)

STATE ID NUMBER _____
 PLACE OF ISSUANCE _____
 DATE OF ISSUANCE (IF AVAILABLE) _____ EXPIRATION DATE _____

PASSPORT AND CREDIT CARD (CREDIT CARD INFORMATION REQUIRED)

PASSPORT NUMBER _____
 COUNTRY OF ISSUANCE _____
 DATE OF ISSUANCE (IF AVAILABLE) _____ EXPIRATION DATE _____

MEXICAN CONSULATE ID AND CREDIT CARD (CREDIT CARD INFORMATION REQUIRED)

MATRICULA ID NUMBER _____
 PLACE OF ISSUANCE _____
 CITY OF ISSUANCE _____
 DATE OF ISSUANCE (IF AVAILABLE) _____ EXPIRATION DATE _____

MILITARY ID AND CREDIT CARD (CREDIT CARD INFORMATION REQUIRED)

SOCIAL SECURITY NUMBER _____
 PLACE OF ISSUANCE _____
 DATE OF ISSUANCE (IF AVAILABLE) _____ EXPIRATION DATE _____

RESIDENT ALIEN ID AND CREDIT CARD (CREDIT CARD INFORMATION REQUIRED)

RESIDENT ALIEN ID NUMBER _____
 EXPIRATION DATE _____

CREDIT CARD INFORMATION

TYPE OF CARD _____
 NAME OF CARD ISSUER _____
 FIRST FOUR DIGITS OF CREDIT CARD NUMBER _____
 DATE OF ISSUANCE (IF AVAILABLE) _____ EXPIRATION DATE _____

NAME AND TITLE (PLEASE PRINT)

SIGNATURE*

DATE

X

SALES REPRESENTATIVE NAME (PLEASE PRINT)

SIGNATURE*

DATE

X

* BY SIGNING ABOVE, YOU HEREBY ACKNOWLEDGE AND AGREE THAT THE INFORMATION LISTED HEREIN IS TRUE AND CORRECT AND WAS PERSONALLY OBSERVED ON THE INDICATED DOCUMENT.