

**SUPPORTING DOCUMENTATION**

Please provide the following necessary documentation with the completed pre-application:

- Copy of your business' banking information in the form of a VOID Cheque or a PAD Agreement/Bank Letter.
- Government issued photo ID.
- Business registration documents such as a corporate profile report, articles of incorporation, etc. These must show your businesses legal name and address and the information present on the document must match the legal information on the banking provided.

**OPERATING AS (OA) INFORMATION**

*OPERATING AS NAME			
*LOCATION ADDRESS	STREET #:	STREET NAME:	
	CITY:	PROVINCE:	POSTAL CODE:
MAILING ADDRESS	STREET #:	STREET NAME:	
(IF DIFFERENT THAN LOCATION)	CITY:	PROVINCE:	POSTAL CODE:
*BUSINESS PHONE #			
BUSINESS FAX #			
*EMAIL FOR ACCOUNT SETUP			
BUSINESS WEBSITE URL			
(REQUIRED FOR E-COMM SETUPS)			
*CONTACT FULL NAME	FIRST:	SURNAME:	
*CONTACT PHONE NUMBER			

**LEGAL INFORMATION**

*LEGAL NAME			
*LEGAL MAILING ADDRESS	STREET #:	STREET NAME:	
	CITY:	PROVINCE:	POSTAL CODE:
*HST/GST NUMBER			
*TYPE OF OWNERSHIP			
*BUSINESS ESTABLISHMENT DATE	MM/DD/YYYY:		
*LENGTH OF OWNERSHIP			
*SEASONAL BUSINESS			
IF YES, LIST OPEN MONTHS			

**BUSINESS PROCESSING INFORMATION**

ANNUAL PROCESSING VOLUME	\$
AVERAGE TRANSACTION AMOUNT	\$
CURRENT PROCESSOR (IF KNOWN)	

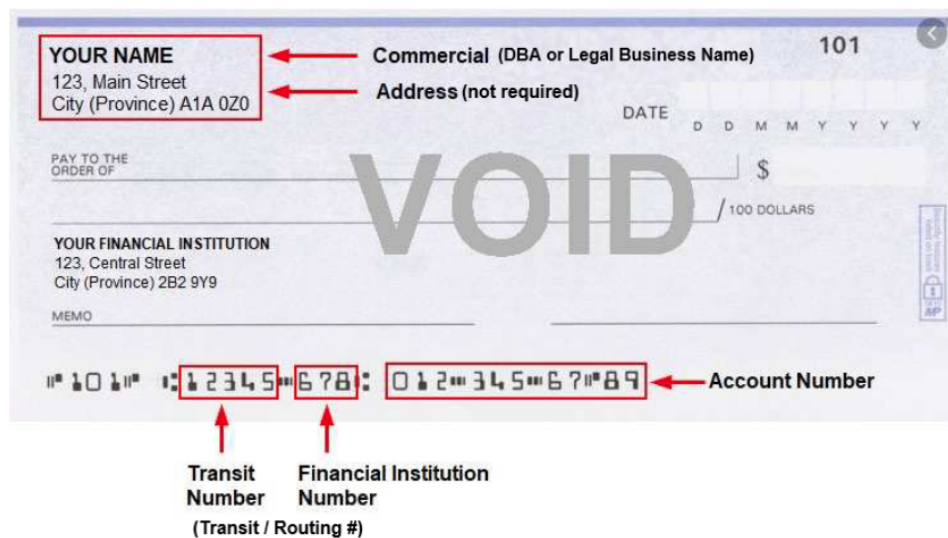
**SIGNING AUTHORITY INFORMATION (1)**

*FULL NAME	FIRST:	SURNAME:		
*BUSINESS TITLE				
*OWNERSHIP STAKE %				
*RESIDENTIAL ADDRESS	STREET #:	STREET NAME:		
	CITY:	PROVINCE:	POSTAL CODE:	
SIN NUMBER (OPTIONAL)				
*DATE OF BIRTH	MM/DD/YYYY:			
*DRIVERS LICENSE INFORMATION	#:	EXPIRY DATE:	ISSUE DATE:	
*HOME PHONE NUMBER				
*EMAIL ADDRESS				
PREVIOUS ADDRESS IF YOU HAVE MOVED IN THE PAST TWO YEARS	STREET #:	STREET NAME:		
	CITY:	PROVINCE:	POSTAL CODE:	

Please complete the below section(s) only if applicable.

**SIGNING AUTHORITY INFORMATION (2)**

*FULL NAME	FIRST:	SURNAME:		
*BUSINESS TITLE				
*OWNERSHIP STAKE %				
*RESIDENTIAL ADDRESS	STREET #:	STREET NAME:		
	CITY:	PROVINCE:	POSTAL CODE:	
SIN NUMBER (OPTIONAL)				
*DATE OF BIRTH	MM/DD/YYYY:			
*DRIVERS LICENSE INFORMATION	#:	EXPIRY DATE:	ISSUE DATE:	
*HOME PHONE NUMBER				
*EMAIL ADDRESS				
PREVIOUS ADDRESS IF YOU HAVE MOVED IN THE PAST TWO YEARS	STREET #:	STREET NAME:		
	CITY:	PROVINCE:	POSTAL CODE:	

**BANKING REQUIREMENTS**


The image shows a VOID bank check with the following annotations:

- YOUR NAME** (123, Main Street, City (Province) A1A 0Z0) is highlighted with a red box and labeled **Commercial (DBA or Legal Business Name)**.
- Address (not required)** is indicated by a red arrow pointing to the address line.
- DATE** is indicated by a red arrow pointing to the date field.
- VOID** is printed in large letters across the center of the check.
- YOUR FINANCIAL INSTITUTION** (123, Central Street, City (Province) 2B2 9Y9) is printed below the VOID text.
- MEMO** is indicated by a red arrow pointing to the memo line.
- Account Number** is indicated by a red arrow pointing to the MICR line.
- Transit Number** (2345) and **Financial Institution Number** (678) are highlighted with red boxes and labeled below the MICR line.

Please note, the following requirements must be met to use a PAD agreement:

- All verbiage must be pre-printed, if handwritten a bank stamp is required.
- Legal business name or DBA/Account name displayed on the document.
- Bank account information displayed on the document.
- Full page is visible, the document cannot be cut-off.
- If using a bank letter, a bank logo is required.