

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) | | | |

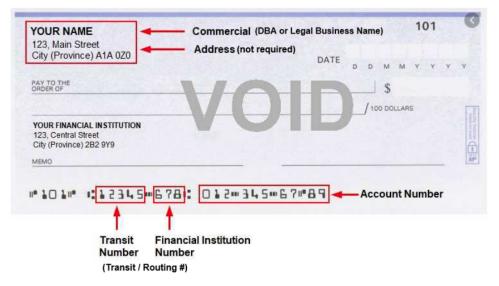


| SIGNING AUTHORITY INFORMATION (1) | | | |
|-----------------------------------|-------------|--------------|--------------|
| *FULL NAME | FIRST: | SURNAME: | |
| *BUSINESS TITLE | | | |
| *OWNERSHIP STAKE % | | | |
| *RESIDENTIAL ADDRESS | STREET #: | STREET NAME: | |
| | CITY: | PROVINCE: | POSTAL 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 | STREET #: | STREET NAME: | |
| HAVE MOVED IN THE PAST TWO | CITY: | PROVINCE: | POSTAL CODE: |
| YEARS | | | |

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 | STREET #: | STREET NAME: | | |
| HAVE MOVED IN THE PAST TWO | CITY: | PROVINCE: | POSTAL CODE: | |
| YEARS | | | | |

BANKING REQUIREMENTS



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.