



Credit Card Activation

Lead Time: 3 business days

Please complete the information below and the *Know Your Customer* form and return both, to Pegasus Business Intelligence (dba Onyx CenterSource):

Email: productionsupport@onyxpayments.com

OR

Fax: +1-214-234-4414

Attention: Monica Waters

Property ID: _____

Property Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

You must complete the *Know Your Customer* form in full and return both documents to Onyx to activate the Credit Card process.

Payment method of Wire Transfer will be displayed until the forms are received by Onyx CenterSource and processed.

KYC FORM

1. Name and address of the Customer														
LEGAL INFORMATION														
2. Company Name													
3. Legal Address													
4. Tax Id. / VAT (If you do not have TAX ID, please provide your Registration Number or any other ID number) Effective date for the Ein (only for U.S.A Companies)														
5. Type of Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Others.....													
6. Identification of Directors or members of the Board of Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">Name</th> <th style="text-align: left; width: 20%;">Title</th> <th style="text-align: left; width: 30%;">Identity Card/Passport</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> <p>If there is not enough space, please complete the requested information in a separate document</p>			Name	Title	Identity Card/Passport
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7. Beneficial Owners <p>Does any natural person ultimately own or control, directly or indirectly, a percentage higher than 25% of shares or controls the Company (direct or indirectly) in any other way:</p> <p><input type="checkbox"/> YES, If yes, please fulfil the information below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;">Name of the Beneficial Owners</th> <th style="text-align: left; width: 40%;">Identity Card/Passport</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </tbody> </table> <p>If there is not enough space, please complete the requested information in a separate document</p> <p><input type="checkbox"/> NO¹</p>			Name of the Beneficial Owners	Identity Card/Passport				
Name of the Beneficial Owners	Identity Card/Passport													
.....													
.....													
.....													

¹ If you tick NO, you are confirming that there is not any natural person that has more than 25% of shares in the Company or controls the management of the Company in any other way

BUSINESS INFORMATION

8. Please confirm the main purpose of your activity is related to the travel industry or tourism industry.

☐ **YES**

☐ **NO** If not, indicate your main activity

9. Main Bank or other financial institution you operate with

Name City.....

GROUP STRUCTURE

10. Is your Company part of a **group**?

☐ **YES** ☐ **NO**

If yes, please provide name of the Parent Company

.....

11. Is your Company or parent company **listed on the stock market**?

☐ **YES** ☐ **NO**

If yes, please provide Stock Market identification number/ISIN

.....

Once fulfilled, please return it duly dated and signed

Name

Title:

Date: