

Proof of Funds Account Application

Completion of ALL sections of this form is required to process your application.
When completed, this Application will become part of your Customer Agreement.

Name On Bank Account			
Address, including City, State Zip			
Time Period For Which I Need These Funds To			
Amount of Money Requested in POF Account			
Term (in months) Needed			
Type of Account Confirmation Required	<input type="checkbox"/> VOD	<input type="checkbox"/> MT799	<input type="checkbox"/> MT760
Contact Person			
Cell Phone of Contact Person			
Email Address			
Principal Structure of Business	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual

For Corporation

Place Of Incorporation	
Date Of Incorporation	
EIN Number	

For Partnerships and Individuals

Tax Identification Number	
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Authorized People

The following people are authorized to execute contracts on our behalf:

Name and Title	Signature
Name and Title	Signature

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Accuracy of Information

We represent and warrant that the information contained in this application is true and accurate. We will promptly notify you if any of the information contained herein shall materially change or cease to be true and correct.

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Name of Authorized Signatory

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Title of Authorized Signatory

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Date

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Company/Partnership/Individual

Please attach to this application the following:

- Statutes of company/Memorandum and Articles of Association or Comparable Documents (certified copy).
- Listings of people authorized to give instructions on your behalf, for each of whom we need 2 items:
 - Enlarged color copy of a Photo ID (Passport or Driver's License)
 - Another form of ID that confirms address
- BCL or bank account statement showing at minimum this transaction's fee

Confidentiality

This information is required for compliance with International Anti-Money Laundering Regulations and the US. Patriot Act.

All information will be treated with the strictest confidence.

Email to anthony@prontocommercial.com