

TRANSPAY APPLICATION (US BUSINESS)

TYPE OF INSTITUTION

Public Company Ticker/Symbol _____ Corporate Private Institution
 Corporation Sole Proprietorship Partnership Other (Please specify) _____

GENERAL BUSINESS INFORMATION

Business Legal Name _____ Doing Business As (DBA) _____

Business Street Address (P.O. boxes or registered agent addresses cannot be accepted) _____

City _____ State/Province _____ Zip Postal _____

Country _____ Telephone _____

Web URL Address _____

Business TIN/EIN/Registration Number _____

Federal Tax ID (US businesses only) _____ Date Business Registered _____

State & Country of Business Registration _____

CONTACTS

Main Contact 1	Title	Secondary Contact 2	Title
_____	_____	_____	_____
Telephone	Fax	Telephone	Fax
_____	_____	_____	_____
Email		Email	
_____		_____	

BUSINESS OWNERSHIP & IDENTIFICATION

Owners with 25%+ of private companies, partnerships, and sole proprietorships only

NAMES & TITLES OF 25%+ OWNERS

<p>Name 1</p> <hr/> <p>Title</p> <hr/>	<p>Country of Residence</p> <hr/> <p>Percentage Held</p> <hr/>
<p>Name 2</p> <hr/> <p>Title</p> <hr/>	<p>Country of Residence</p> <hr/> <p>Percentage Held</p> <hr/>
<p>Name 3</p> <hr/> <p>Title</p> <hr/>	<p>Country of Residence</p> <hr/> <p>Percentage Held</p> <hr/>
<p>Name 4</p> <hr/> <p>Title</p> <hr/>	<p>Country of Residence</p> <hr/> <p>Percentage Held</p> <hr/>

BUSINESS OWNERSHIP DOCUMENTATION REQUIREMENT *(Check all documents submitted)*

<p>Business Documentation For Corporations</p>	<p><input type="checkbox"/> Certificate of Incorporation, or Articles of Incorporation</p> <p><input type="checkbox"/> Copy of SS-4 <i>(Legal document where EIN is stated)</i></p> <p><input type="checkbox"/> Proof of Business Address <i>(Ex: Utility bill, bank statement)</i></p> <p><input type="checkbox"/> Copy of Voided Check</p>
<p>Ownership or Authorization Documentation</p>	<p><input type="checkbox"/> Partnership Agreement <i>(Applies to partnerships only)</i></p> <p><input type="checkbox"/> Authorization Document <i>(For authorized persons acting on behalf of company)</i></p>
<p>Identification Documentation</p>	<p><input type="checkbox"/> Passport <i>(International residents only)</i></p> <p><input type="checkbox"/> Driver's License or State ID <i>(US residents only)</i></p> <p><input type="checkbox"/> Copy of SSN <i>(US residents only)</i></p>

In accordance with its Internal Policies and Procedures, as well as, "Know Your Customer" obligations and other obligations stipulated by The Bank Secrecy Act, we are required to compile the information called for herein. By signing below, Client authorizes Trans-Fast Remittance, LLC to obtain a credit report and other background information that may be necessary.

Client certifies that all information provided herein is true and accurate to the best of Clients knowledge. Client agrees to abide with all government laws, regulation and regulatory dictates in all dealing with Trans-Fast Remittance, LLC.

AUTHORIZED SIGNATURE *(If different from owner please provide proof of authorization and photo ID)*

Signature 1

Title

Name *(Print name)*

Date *(MM/DD/YYYY)*

/ /

Signature 2

Title

Name *(Print name)*

Date *(MM/DD/YYYY)*

/ /
