



Associated Merchant Name:

APPLICATION ADDENDUM FOR SPECIAL REQUESTS**ADDITIONAL OWNER / CORPORATE OFFICER INFORMATION**

First Name:	Last Name:	Owner 2 SSN:
Ownership %:	Phone Number:	Title:
Date of Birth:		
Home Address:	City, State, ZIP:	

All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant, and all information provided herein is true, complete, and accurate. Total Merchant Services, Inc. ("TMS") and Wells Fargo Bank (the "Member Bank" and, collectively with TMS, the "Servicers") shall not be responsible for any change in printed terms unless specially agreed to in writing by an officer of each Servicer. By signing below you are agreeing to the provisions stated within this merchant application, and have acknowledged receipt and have read the Merchant Credit Card Processing Agreement (the "Merchant Agreement"). Those provisions must be read before signing. By signing below you agree to the terms and conditions contained in the merchant application and the Merchant Agreement. The indicated officers below have the authorization to execute the Merchant Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THE MERCHANT AGREEMENT WILL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY SERVICERS AND A MERCHANT NUMBER HAS BEEN ISSUED. Merchant authorizes Servicers to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which the Servicers are authorized to perform such functions under the Merchant Agreement, for the purposes set forth in the Merchant Agreement. This authorization extends to the entire amount in said account from time to time, and includes without limitation amounts due to and/or owed by Merchant under the Merchant Agreement, lease, rental, or purchase agreements for POS (Point of Sale) terminals and accompanying equipment and check guarantee fees and amounts due for supplies and materials. The Automated Clearing House authorization cannot be revoked until all Merchant obligations under the Merchant Agreement are satisfied, and Merchant gives Servicers written notice of revocation. An investigative or credit report may be made in connection with the application. Merchant authorizes Servicers and/or any of their agents to investigate the references provided or any other statements or data obtained from Merchant, or from any credit or financial investigative agencies. Merchant has a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. A complete copy of your Merchant Agreement can be obtained at the following URL: <http://www.merchantsupport.info/disclosure/ABN.html>

IN ORDER TO DISPUTE ANY CHARGE OR FUNDING, MERCHANT MUST NOTIFY SERVICERS IN WRITING WITHIN 30 DAYS OF THE DATE OF THE STATEMENT WHERE SUCH CHARGE OR FUNDING APPEARS OR SHOULD HAVE APPEARED. THE LIABILITY OF SERVICERS IS LIMITED UNDER THE MERCHANT AGREEMENT. THE MERCHANT AGREEMENT CONTAINS MANDATORY PROCEDURES FOR RESOLVING DISPUTES. ARBITRATION IS REQUIRED IN ALL BUT CERTAIN LIMITED CIRCUMSTANCES, AND PURSUING CLAIMS ON A CLASS-WIDE BASIS IS PROHIBITED. Please review the Merchant Agreement for further details.

SIGN
HERE

Signature, Principal or Corporate Officer

Date

SPECIAL SHIP-TO ADDRESS (NOT MERCHANT PHYSICAL OR SALES PARTNER)

Contact Name:	Contact Phone:
Shipping Address:	City, State, ZIP:

RETAIL, RESTAURANT (FAST FOOD), SUPERMARKET - NO TIPS

SPECIAL

- ☐
- EBT Cash Benefit
-
- ☐
- Invoice Number
-
- ☐
- QSR

☐ EBT FNS #: _____

Multi Merchant (No Autobatch): Primary DBA / MID: _____

FEATURE

RESTAURANT, RETAIL (TAXI, SALON) - WITH TIPS

REQUESTS

- ☐
- Server ID
-
- ☐
- Tip During Sale
-
- ☐
- Suggested Tip Amount

☐ EBT Cash Benefit☐ EBT FNS #: _____

Multi Merchant Primary DBA / MID: _____

MOTO - HYPERCOM (FOR SOFTWARE USE SOFTWARE ADDENDUM)

Multi Merchant Primary DBA / MID: _____

☐ Tip Adjust**OTHER ACCOUNT OPTIONS**☐ Daily Discount

MID to be converted: _____

☐ Free to Sell or Lease Program

Rental Fee: _____

SPECIAL INSTRUCTIONSSIGN
HERE

Signature, Principal or Corporate Officer

Date



Associated Merchant Name: _____

Merchant Email: _____

SOFTWARE ADDENDUM**SOFTWARE OPTIONS****Groovv Online Payments**☐ Groovv Online Payments☐ 3rd Party Software Name: _____ Version #: _____Terminal? ☐ Yes ☐ No**Authorize.Net**☐ Authorize Net (Retail)☐ Authorize Net (Moto)

Value Added Services:

☐ Fraud Suite ☐ Automatic Recurring Billing ☐ Customer Info Manager

Supplied by Sales Partner?

☐ Yes ☐ No

*If not supplied by sales partner, a gateway fee must be listed on the schedule of fees.

Other☐ Other Software

Name: _____

Version #: _____

Operating System:

Windows ver: _____

Mac OS ver: _____

Platform:

☐ East☐ Visanet / TSYS

*No Debit available on Visanet / TSYS

CARDHOLDER DATA STORAGE

PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system transmits, stores or receives full cardholder data, then the POS hardware/software must be PA DSS compliant and you (merchant) must validate PCI DSS compliance (section 2 below). If you use a payment gateway, they must be PCI Compliant. For more information, or assistance, please visit our site, www.compliancefacts.com.

1. Have you ever experienced an account data compromise? Yes ☒ No ☐ If yes, when _____
2. Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes ☒ No ☐
(validation consists of merchant completing the appropriate Self Assessment Questionnaire (SAQ), or engaging a Qualified Security Assessor (QSA) who will facilitate completion of a Report on Compliance (ROC) and it's submission.)
If yes, please complete the following, if no, you can move to question 3:
 - a. Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? _____
 - b. What is the name of your Qualified Security Assessor "QSA" _____
or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D
 - c. Date of last scan _____ Approved Scanning Vendor's Name: _____
3. Are you using (a) a point of sale terminal provided by us, or (b) a physical point of sale terminal that you own (i.e. a standalone terminal, which you use to process your credit/debit card transactions), or (c) our touch tone capture service to call in transactions using our automated phone system? ☒ Yes ☐ No (If yes, you can skip questions 4 and 5, if no please complete questions 4 and 5.)
4. After initial authorization and settlement, do you or your Service Provider receive, transmit, or store the Full Cardholder Number "FCN", electronically? Yes ☐ No ☐
 - a. If yes, where is it stored? Merchant Location Only ☐ Primary Service Provider ☐ Both ☐ Other Service Provider ☐ All Apply ☐
 - b. What Service Provider / Software Developer did you purchase your POS application / device from? _____
 - c. What is the name of the software /system? _____ What is the version number? _____
5. Do your transactions process through any other Service Provider (ie web hosting, gateways, corporate office) Yes ☐ No ☐
If yes, what is the name of the other Service Provider? _____

COMMENTSSIGN
HERE

Signature Principal or Corporate Officer

Print Name

Date



powered by:



Associated Merchant Name:

Merchant Email:

GROOVV POS ADDENDUM

Market Type		Tips			
<input type="checkbox"/> Retail	Full featured tablet POS with complete back office functionality, includes integrated credit card processing and reporting.	<input type="checkbox"/> NO			
<input type="checkbox"/> Restaurant	Full featured tablet POS with complete back office functionality, includes integrated CC processing, tipping and reporting	<input type="checkbox"/> Tips at the Counter (Retail Tip)			
		<input type="checkbox"/> Tips at the Table (Restaurant Only)			
Groovv POS Options					
<input type="checkbox"/> FLEX	_____ QTY	\$ <u>649.00</u> each	<input type="checkbox"/> ALL-IN-ONE	_____ QTY	\$ <u>1395.00</u> each
(Tablet, Terminal and Terminal Stand Bundle)			(Tablet, Cash Drawer, Terminal and Terminal Stand Bundle)		
Peripherals					
FLEX & ALL-IN-ONE ①			FLEX ONLY ②		
<input type="checkbox"/> Kitchen Printer	_____ QTY	\$ <u>275.00</u> each	<input type="checkbox"/> Cash Drawer	_____ QTY	\$ <u>350.00</u> each
(Restaurant only)			(Cash Drawer and Receipt Printer Bundle)		
<input type="checkbox"/> Barcode Scanner	_____ QTY	\$ <u>220.00</u> each	<input type="checkbox"/> Cash Drawer	_____ QTY	\$ <u>450.00</u> each
			(Cash Drawer and Receipt Printer with Barcode Scanner Bundle)		
Purchase Options					
<input type="checkbox"/> Merchant Purchase (via ACH)	<input type="checkbox"/> Placement	<input type="checkbox"/> Reprogram	<input type="checkbox"/> Partner Purchase		
Purchase Method					
<input type="checkbox"/> ACH	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Commission			
Schedule of Fees					
\$ _____	Monthly Groovv POS Fee	\$ _____	Groovv Setup Fee	<input type="checkbox"/> PassMarket Lite	<input type="checkbox"/> PassMarket Advanced
CARDHOLDER DATA STORAGE					
PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system transmits, stores or receives full cardholder data, then the POS hardware/software must be PA DSS compliant and you (merchant) must validate PCI DSS compliance (section 2 below). If you use a payment gateway, they must be PCI Compliant. For more information, or assistance, please visit our site, www.compliancefacts.com .					
1. Have you ever experienced an account data compromise? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, when _____					
2. Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (validation consists of merchant completing the appropriate Self Assessment Questionnaire (SAQ), or engaging a Qualified Security Assessor (QSA) who will facilitate completion of a Report on Compliance (ROC) and it's submission.) If yes, please complete the following, if no, you can move to question 3:					
a. Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? _____					
b. What is the name of your Qualified Security Assessor "QSA" _____					
or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D					
c. Date of last scan _____ Approved Scanning Vendor's Name: _____					
3. Are you using (a) a point of sale terminal provided by us, or (b) a physical point of sale terminal that you own (i.e. a standalone terminal, which you use to process your credit/debit card transactions), or (c) our touch tone capture service to call in transactions using our automated phone system?					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you can skip questions 4 and 5, if no please complete questions 4 and 5.)					
4. After initial authorization and settlement, do you or your Service Provider receive, transmit, or store the Full Cardholder Number "FCN", electronically? Yes <input type="checkbox"/> No <input type="checkbox"/>					
a. If yes, where is it stored? Merchant Location Only Primary Service Provider Both Other Service Provider All Apply					
b. What Service Provider / Software Developer did you purchase your POS application / device from? _____					
c. What is the name of the software /system? _____ What is the version number? _____					
5. Do your transactions process through any other Service Provider (ie web hosting, gateways, corporate office) Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, what is the name of the other Service Provider? _____					
REQUIRED SIGNATURES					
All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant, and all information provided herein is true, complete, and accurate. AmeriBanc National , Inc. ("ABN") and Wells Fargo Bank (the "Member Bank" and, collectively with ABN, the "Servicers") shall not be responsible for any change in printed terms unless specially agreed to in writing by an officer of each Servicer. By signing below you are agreeing to the provisions stated within this merchant application, and have acknowledged receipt and have read the Merchant Credit Card Processing Agreement (the "Merchant Agreement"). Those provisions must be read before signing. By signing below you agree to the terms and conditions contained in the merchant application and the Merchant Agreement. The indicated officers below have the authorization to execute the Merchant Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THE MERCHANT AGREEMENT WILL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY SERVICERS AND A MERCHANT NUMBER HAS BEEN ISSUED. Merchant authorizes Servicers to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which the Servicers are authorized to perform such functions under the Merchant Agreement, for the purposes set forth in the Merchant Agreement. This authorization extends to the entire amount in said account from time to time, and includes without limitation amounts due to and/or owed by Merchant under the Merchant Agreement, lease, rental, or purchase agreements for POS (Point of Sale) terminals and accompanying equipment and check guarantee fees and amounts due for supplies and materials. The Automated Clearing House authorization cannot be revoked until all Merchant obligations under the Merchant Agreement are satisfied, and Merchant gives Servicers written notice of revocation. An investigative or credit report may be made in connection with the application. Merchant authorizes Servicers and/or any of their agents to investigate the references provided or any other statements or data obtained from Merchant, or from any credit or financial investigative agencies. Merchant has a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.					
Merchant may request to return the POS Equipment within thirty (30) days from the date on the Invoice. Restocking fee applies. For more information, please visit http://merchantsupport.info/disclosure/pdf/ABN.GroovvPOS.BillofSale.pdf for more details.					
IN ORDER TO DISPUTE ANY CHARGE OR FUNDING, MERCHANT MUST NOTIFY SERVICERS IN WRITING WITHIN 30 DAYS OF THE DATE OF THE STATEMENT WHERE SUCH CHARGE OR FUNDING APPEARS OR SHOULD HAVE APPEARED. THE LIABILITY OF SERVICERS IS LIMITED UNDER THE MERCHANT AGREEMENT. THE MERCHANT AGREEMENT CONTAINS MANDATORY PROCEDURES FOR RESOLVING DISPUTES. ARBITRATION IS REQUIRED IN ALL BUT CERTAIN LIMITED CIRCUMSTANCES, AND PURSUING CLAIMS ON A CLASS-WIDE BASIS IS PROHIBITED. Please review the Merchant Agreement for further details.					
* Sales Tax Applies to the Groovv POS purchase.					
SIGN HERE		Signature Principal or Corporate Officer		Print Name	
				Date	

**SEND COMPLETED FORM VIA:**

EMAIL: Submissions@Restaurant.com
FAX: 877-320-8957
MAIL: Restaurant.com
ATTN: Restaurant Submissions
1500 W. Shure Dr., 6th floor
Arlington Heights, IL 60004

RESTAURANT.COM®
BEST DEAL. EVERY MEAL.

Restaurant Sign-Up Form

RESTAURANT LOCATION
RESTAURANT NAME

(PLEASE PRINT)

LOCATION ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

CURRENT WEBSITE HTTP://

RESTAURANT EMAIL

(PLEASE PRINT)

PRIMARY CONTACT ☐ YES ☐ NO

NAME MR. / MS.

EMAIL

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE

☐ (PREFERRED)

CELL

☐ (PREFERRED)PRIMARY CONTACT ☐ YES ☐ NO

NAME MR. / MS.

EMAIL

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE

☐ (PREFERRED)

CELL

☐ (PREFERRED)☐ SIGN ME UP FOR THE FOLLOWING GIFT CERTIFICATE OPTIONS:

\$5 } GOOD FOR RESTAURANTS WITH AVERAGE ENTREE
\$10 } PRICE LESS THAN \$9.00

\$15 } GOOD FOR RESTAURANTS WITH AVERAGE ENTREE
BETWEEN \$9.00-\$15.00

\$25 }
\$50 } GOOD FOR RESTAURANTS WITH AVERAGE ENTREE
\$75 } PRICE GREATER THAN \$15.00
\$100 }

NAME

(PLEASE PRINT)

SIGNATURE

DATE

/

/

20

MONTH

DAY

YEAR

Restaurant.com will:

- Promote your restaurant with a custom website and through other media.
- Facilitate the sale of promotional certificates on your behalf with a required minimum spend of one and a half times the face value.
- Develop the quantity, pricing and choice of gift certificate denominations sold in order to fill as many tables as possible.
- Build and make accessible to you a customer database of names and email addresses

You, as the restaurant operator, will:

- Honor and accept promotional certificates brought to you by customers on paper or mobile devices (even after termination), provided the customers abide by any stated restrictions on the certificate.
- Validate the promotional certificates on a regular basis by calling the Toll Free Number that appears on the certificate or through your Restaurant Management Center.
- Comply with any and all applicable laws, including those related to taxes, alcohol, unclaimed property, advertising and privacy.

In the event that you wish to discontinue the partnership, you agree to provide a 30-day notice to Restaurant.com Partner Relations Department to stop our marketing efforts, and you agree to a 30-minute exit review.

A complete list of terms & conditions is available at www.restaurant.com/psp.

INDEPENDENT CONSULTANT NAME **AmeriBanc National**INDEPENDENT CONSULTANT PHONE **(888) 548-4255**INDEPENDENT CONSULTANT EMAIL **apps@ameribancsales.com**INDEPENDENT CONSULTANT CODE **0002Q6**IC: MANAGER'S NAME (IF APPLICABLE) **AmeriBanc National**

FOOD FRIEND REFERRAL CODE (IF APPLICABLE)

PM-SUA-0812

Page 1 of 2

Restaurant Information



RESTAURANT.COM
BEST DEAL. EVERY MEAL.

BRIEF RESTAURANT OVERVIEW (WILL APPEAR ON OUR LISTINGS PAGE/MAXIMUM CHARACTERS: 200)

HOURS

M _____

T _____

W _____

T _____

F _____

SA _____

SU _____

NOTES _____

PARKING

____ VALET ____ STREET ____ ON SITE

MEAL TIMES SERVED

____ BREAKFAST ____ BRUNCH ____ LUNCH

____ DINNER ____ LATE NIGHT ____ 24 HOURS

____ HAPPY HOUR

BAR

____ FULL BAR ____ BEER ____ WINES

____ BYOB ____ MICRO BREWS

TYPE OF SERVICE

____ SIT DOWN ____ CARRY OUT ____ DELIVERY

NUMBER OF SEATS _____

CUISINE TYPE 1 _____

CUISINE TYPE 2 _____

NEIGHBORHOOD 1 _____

NEIGHBORHOOD 2 _____

ATTIRE

____ CASUAL ____ FORMAL ____ NO DRESS CODE

____ NO JEANS ____ JACKET REQUIRED

BANQUET FACILITIES

____ 10 TO 20 PEOPLE ____ 20 TO 50 PEOPLE

____ 50 TO 100 PEOPLE ____ OVER 100 PEOPLE

____ OFF-SITE CATERING

RESERVATIONS

____ NOT REQUIRED ____ REQUIRED

____ NOT ACCEPTED ____ SUGGESTED

ADDITIONAL INFORMATION (MAXIMUM CHARACTERS: 100)

WOULD YOU LIKE TO BE ENROLLED IN OUR FREE ONLINE
RESERVATIONS PROGRAM? ____ YES ____ NO

ENTERTAINMENT

____ DANCING ____ DARTS ____ KARAOKE ____ TELEVISION ____ GAME ROOM

____ BILLIARDS/POOL ____ PRIVATE PARTY ROOM ____ WI-FI (WIRELESS INTERNET ACCESS)

ADDITIONAL INFO

RESERVATIONS INFO (HOURS YOU ACCEPT RESERVATIONS)

M _____

T _____

W _____

T _____

F _____

SA _____

SU _____

(MAXIMUM CHARACTERS: 100)

COST (AVERAGE ENTREE PRICE)

____ \$ (BELOW \$9) ____ \$\$ (\$9 - \$11.99) ____ \$\$\$ (\$12 - \$14.99) ____ \$\$\$\$ (\$15+)

SPECIAL FEATURES

____ ALL YOU CAN EAT ____ EARLY BIRD SPECIALS ____ SENIOR DISCOUNT ____ CHILDREN'S MENU

____ CIGAR FRIENDLY ____ BOOSTER/HIGH CHAIRS ____ WHEELCHAIR ACCESS ____ KOSHER

____ ORGANIC MENU ITEMS ____ GLUTEN-FREE ITEMS ____ LOCALLY-GROWN INGREDIENTS

ATMOSPHERE

____ ROMANTIC ____ LIVE MUSIC ____ OUTDOOR DINING ____ FIRE PLACE

____ SCENIC VIEW ____ FAMILY/CHILDREN ____ BAR SCENE ____ SPORTS BAR

____ RESORT/COUNTRY CLUB

PAYMENT METHODS ACCEPTED (PLEASE MARK ALL THAT APPLY)

____ MASTER CARD ____ VISA ____ AMEX ____ DISCOVER

____ CHECK ____ DINERS CLUB ____ CASH ONLY

AWARDS YOUR RESTAURANT HAS WON

(MAXIMUM CHARACTERS: 500)

RESTAURANT BEST KNOWN FOR

(MAXIMUM CHARACTERS: 500)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.