

BENEFICIAL OWNERSHIP ADDENDUM

I. CERTIFICATION OF BENEFICIAL OWNER(S)

A. INDIVIDUAL CERTIFYING THE FORM

The person certifying this form (i.e. authorized signer) has the rights to sign documentation on this account on behalf of the legal entity to which this account belongs.

Name:
Date of Birth:

B. LEGAL ENTITY INFORMATION

Name:	Tax ID #:	
Street Address:	Suite/Apt #:	
City:	State:	Zip Code:

C. BENEFICIAL OWNER(S)

The following information is required for each individual, if any, who, directly or indirectly, through contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

Beneficial Owner # 1: _____% of Ownership

Name:	Title:	
Date of Birth:	Social Security Number/TIN:	
Street Address:	Suite/Apt #:	
City:	State:	Zip Code:
Driver's License #/State:	Phone Number:	
Email Address:		

Beneficial Owner # 2: _____% of Ownership

Name:	Title:	
Date of Birth:	Social Security Number/TIN:	
Street Address:	Suite/Apt #:	
City:	State:	Zip Code:
Driver's License #/State:	Phone Number:	
Email Address:		

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Beneficial Owner # 3: _____ % of Ownership

Name:	Title:	
Date of Birth:	Social Security Number/TIN:	
Street Address:	Suite/Apt #:	
City:	State:	Zip Code:
Driver's License #/State:	Phone Number:	
Email Address:		

Beneficial Owner # 4: _____ % of Ownership

Name:	Title:	
Date of Birth:	Social Security Number/TIN:	
Street Address:	Suite/Apt #:	
City:	State:	Zip Code:
Driver's License #/State:	Phone Number:	
Email Address:		

D. CONTROLLING INDIVIDUAL

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or

Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section C above may also be listed in this section D)

Name:	Title:	
Date of Birth:	Social Security Number/TIN:	
Street Address:	Suite/Apt #:	
City:	State:	Zip Code:
Driver's License #/State:	Phone Number:	
Email Address:		

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E. CERTIFICATION

I, _____ (name of natural person opening account provided in section 1A), hereby certify, to the best of my knowledge, that the information provided in this Beneficial Ownership Addendum is complete and correct. Additionally, I certify that I have rights of an authorized signer for this account on behalf of _____ (name of legal entity provided in Section 1B).

Signature

Date

Printed Name

F. MERCHANT ACCEPTANCE

I hereby certify and accept all terms and conditions provided in the Merchant Payment Card Application and Agreement, including, but not limited to authorizing the Bank or any credit reporting agency employed by the Bank or any agent of the Bank, to make whatever inquiries the Bank deems appropriate to investigate, verify or research references, statements or data obtained from the Merchant for the purpose of this application or any application for accompanying POS terminal(s) or equipment financing.

Authorized Signer #1 Signature

Date

Print Authorized Signer #1 Name

Title

Authorized Signer #2 Signature

Date

Print Authorized Signer #2 Name

Title

Authorized Signer #3 Signature

Date

Print Authorized Signer #3 Name

Title

Authorized Signer #4 Signature

Date

Print Authorized Signer #4 Name

Title

Authorized Signer #5 Signature

Date

Print Authorized Signer #5 Name

Title