



NationalTransactionMerchantServices

**NTC New Merchant Application Check List
Front Cover Sheet**

Business (DBA): _____

Rep Name: _____

Rep Number: _____

CHECKLIST

(All listed documents must be enclosed in application package, unless otherwise indicated)

- ☐ NTC Application Page (1)
- ☐ Signed Legal Page – Elavon MPA with Elavon Sales Worksheet Signed by Rep (2)
- ☐ Voided Check, Bank Letter or Starter Check
- ☐ Driver License, State ID or Passport
- ☐ Marketing Material / Proof of Existence
- ☐ 3 months of Processing Statements (if they are currently processing)
- ☐ Mo/To - Internet Addendum (if Mo/To, Electronic Invoicing, or E-Commerce Account)
- ☐ List of All Countries that Merchant does Business with or if Travel, provides Travel too.
- ☐ Electronic Invoicing Requirement Checklist (if using Electronic Invoicing ONLY)
- ☐ Internet Requirement Checklist (if E-Commerce Account)
- ☐ Financials (if applicable)

Financials are required for applications with a requested monthly volume of 25K for Mo/To or 50K for retail swipe or more.

Acceptable Financials include:

Business Financials

3rd Party Prepared Financials – Profit & Loss, Income Stmt, and Balance Sheet w/ accountant letter.

3rd Party Prepared Tax Returns for most recent tax year.

In House Financials for current year - Profit & Loss, Income Stmt, and Balance Sheet.

Personal Financials

Brokerage Statements – Most recent statement period - ALL PAGES.

Money Market Accounts – Last 3 months – ALL PAGES.

11951 NW 37th St. Coral Springs, FL 33065
PH: (888) 996-2273 FAX: (954) 346-3391
www.nationaltransaction.com

Date _____ Rep Name _____ Rep # _____



Business Name (DBA): _____ Bus. Phone: _____

Corporate Name: _____ Bus. Fax: _____

Address: _____

City/State/Zip: _____

Mailing Address: _____

Contact Name: First: _____ Last: _____

Ownership Information: (If a 2nd owner or cosigner is needed please attach additional information on a separate page)

Principle Owner/Officer/Partner/Manager/Member: % Ownership: _____

Name: _____ SSN: _____

Title: _____ Birthdate: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Business Information:

Year Established: _____ Length of Current Ownership: YEARS _____ MONTHS _____

Prior Experience in this Business: Y/N If yes, how many years? _____

Services/Products: _____

Business Structure: **(Please Circle ONE)** C-Corp. S-Corp. Sole Prop. LLC Partnership

Federal Tax ID: _____ Customer Service Phone: _____

Card Acceptance Method (Must Equal 100%): (Ecommerce/Internet must be 100% or 0%)

Card Pres(Retail Swipe): _____ Card Pres/No Swipe: _____ MO/TO(Card Not Pres/Keyed): _____ ECommerce: _____

E-Mail/Website Address: _____

Avg. Credit Card Ticket: \$ _____ Avg. Monthly Volume \$ _____ Annual Volume \$ _____

Delayed Delivery **Yes / No**

Time frames _____ (30/60/90 days from the time the 1st payment is accepted until the services/travel is executed)

When is deposit due? _____ Avg. Deposit Amt _____ When is Final Pmt due _____ Avg. Final Pmt Amt _____

Currently accepting CC: **Yes / No** If yes, 3 months of statements are required with application.

Site Survey Location: (Please Circle) Retail Location Office Building Residence

Programming Instructions: Terminal Type/Gateway Solution (ex: ICT250 / Converge / Auth.net)

Equipment Type: _____

Discount Rates: Visa, MasterCard and Discover are included with your merchant account.

PIN DEBIT (IF RETAIL W/PINPAD) \$ N/A DEBIT/CHECKCARD 2.19% QUALIFIED 2.39% REWARDS 2.89%

MID QUAL 2.99%+ .10 Per Item COMM CARDS 2.99%+ .10 Per Item NON QUAL 3.49 %+ .10 Per Item

AUTH FEE \$20 STMT FEE \$8.50 PCI MONTHLY \$7.50 CONVERGE MONTHLY FEE \$10.00 (If Applicable)

MONTHLY MIN \$0 OTHER FEE: \$0 **ASTA OFFER: NTCEpay.com for FREE if using Converge or Auth.net**

AMEX: Yes / No If Travel and requesting Amex Opt Blue Set up, please provide IATA/CLIA# _____

If Yes: Existing SE#: _____ or AMEX Opt Blue Rates: Q _____ +.10 NQ _____ +.10

Card Association Fees (ex: Foreign/Cross Border Fees) are passed through. Owner Initials & Date _____



Canadian Funding Information Sheet

I here by authorize Elavon to deposit Credit Card sales into my Canadian bank account as the following funds: (Please select one)

_____ Client group 24 Canadian funds to Canadian funds
(The sale is processed as Canadian funds and deposited in Canadian funds)

OR

_____ Client group 25 US funds –US funds
(The sale is processed as US Funds and deposited in US funds)

Your merchant application can not be processed with out the above information properly selected. It is the Merchants responsibility to ensure their bank account is properly set up to receive selected funds.

Merchant Signature & Date

Sales Rep Signature & Date

MAIL ORDER, TELEPHONE ORDER, INTERNET, FUTURE DELIVERY ADDENDUM TO MERCHANT APPLICATION

If type of business is *any percentage* of Card Not Present (Mail Order, Telephone Order, Internet) or Future Delivery of 3 days or more, the following information must be submitted with the Merchant Processing Application to the New Accounts Department for underwriting and application processing:

1. Type of merchant (Check Applicable Boxes):
☐ Internet ☐ Mail Order/Telephone Order
☐ Future Delivery
2. Please provide details for type and/or range of products/services sold to clarify information on the merchant application form. _____

3. What is the time period for delivery of the product/service?
☐ Within 48 hours ☐ Within 2-3 days ☐ Within 1 week
☐ Within 2-4 weeks ☐ Other _____
4. Please explain whose card is being charged for the average ticket amount documented on the merchant application form. _____

5. Please explain how/when you charge for goods/services (relative to order/pick/pack/ship)/ Please provide details about duration and frequency of charge(s) _____

6. Are orders received and processed at your business location? _____
Who provides order fulfillment services? _____
7. Who owns the inventory of goods? _____
Where is your inventory stocked? _____
8. Please describe merchant's approach to customer satisfaction including refund policy (how customers contact the merchant for service, and how service is provided) _____

9. Is refund policy clearly posted on website/documented? _____
Does the customer sign a contract specifying terms and condition? Please explain _____

Please provide a copy of the refund policy if not already included in application package
Web Page Address(s): WWW. _____
WWW. _____
10. Server site location address(s): _____

BUSINESS NUMBER AND BUSINESS TYPE

BUSINESS NUMBER:

ID#:

☐ SOLE PROPRIETOR☐ C CORPORATION☐ S CORPORATION☐ PARTNERSHIP☐ UNINCORPORATED ASSOCIATION☐ TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)☐ GOVERNMENT☐ TRUST☐ ESTATE☐ LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP):

(If LLC, Please indicate D, C, S, or P)

POWER TO BIND RESOLUTION

This section is used identify who has the authority for the Business Legal Entity to establish, document and operate the payment and card processing accounts and the related services provided by Elavon Canada Company (referred to herein as "Elavon").

Resolution of the Directors/Managers/Members:

Name of the Business Legal Entity_____
Doing Business As (DBA) or Trade Name

Resolved that:

1. The Business Legal Entity identified above is authorized to enter into and perform its obligations under this Company Application, the Terms of Service and the Operating Guide (as defined below), (collectively the "Agreement") with Elavon and its affiliated entities in providing the payment and card processing, authorization, settlement and funding services to the Business Legal Entity.

2. Authorized Signing Officer(s) Designations:

_____	_____
_____	_____
_____	_____
_____	_____

or any of them (each being an "Authorized Signing Officer") is authorized for and on behalf of the Business Legal Entity from time to time to:

- (a) Execute (under corporate seal or otherwise) and deliver to Elavon on behalf of the Business Legal Entity the following documents (the "Documents"): (i) each Agreement; (ii) such other instruments, agreements, security documents, powers of attorney, certificates, instructions, directions, acknowledgements, declarations, pledge and security agreements, undertakings and other documents as may be required by Elavon or as, in the director's or officer's opinion, may be necessary or desirable to complete and give effect to the payment and card processing transaction services contemplated by each Agreement and the other documents contemplated by this resolution; and
- (b) Do all other things as in their opinion may be necessary or desirable to complete and give effect to the establishment and maintenance of the payment processing relationship contemplated by the Documents.

3. Any Document executed by an Authorized Signing Officer pursuant to this resolution shall be in such form as the officer or director (if applicable) may approve, and the execution of a Document shall be conclusive evidence that the form has been approved and that the execution and delivery of the Document has been authorized by this resolution. The execution and delivery to Elavon by any person who is an Authorized Signing Officer of the Corporation of any of the Documents before passing of this resolution are ratified, adopted and confirmed by the Business Legal Entity identified herein as of the date of execution and delivery. This resolution shall be communicated to Elavon and shall continue in force as between the Business Legal Entity and Elavon until express written notice to the contrary has been provided to Elavon.

Certification:

The undersigned hereby certified that (a) he/she is an officer or authorized representative of the Business Legal Entity identified herein with knowledge of the matters set forth herein, (b) the resolution set forth above is a true copy of a resolution of the directors, managers or managing partners (as may be applicable) of the Business Legal Entity, which was duly passed in a manner authorized by law and in conformity with the articles, by-laws and/or other constating or organizational documents of the Business Legal Entity and (c) such resolution is now in full force and effect without amendment and (d) is the only resolution of the directors specifically dealing with the subject matter of the resolution.

SIGNATURE OF AN EXECUTIVE OFFICER/MANAGING PARTNER/MEMBER: X

SIGNATURE OF THE BUSINESS LEGAL ENTITY SECRETARY/EXECUTIVE REPRESENTATIVE: X

DATE:

COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon Canada Company, doing business as Elavon Canada ("Elavon"), U. S. Bank National Association

Association Canadian branch ("VISA Member"), if we provide VISA services to you, Elavon Canada Company ("MasterCard Member"), if we provide MasterCard services to you, Elavon Canada Company ("Discover Member"), if we provide Discover services to you, and Elavon Canada Company ("Union Pay Member"), if we provide Union Pay services to you. (VISA Member, MasterCard Member, Discover Member, and Union Pay Member shall each be referred to as a "Member", collectively the "Members", and Elavon and the Members shall be collectively referred to as "we", "our" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. **The TOS contains a binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.**

The signature by an authorized representative of Company on the Company Application, or the transmission of Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide each of which is incorporated herein by this reference and located at our website at [https://www.mypaymentsinsider.com/api/file/157714/1/Terms%20of%20Service%20\(en_CA\).pdf](https://www.mypaymentsinsider.com/api/file/157714/1/Terms%20of%20Service%20(en_CA).pdf) and https://www.mypaymentsinsider.com/api/file/c/Operating_Guide_English, respectively. If Company does not have access to view the TOS or Operating Guide at our website, please contact our Company customer service centre at 1-866-310-3345 to obtain a copy and review prior to signing this document. Company agrees to comply with the Agreement and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

Company agrees to establish and maintain sufficient funds in a designated bank account to accommodate all transactions including, but not limited to, Chargebacks, returns, adjustments, fees, fines, penalties and any other payments due under the Agreement. In addition to the fees set forth in the Company Application, you will pay fees to Elavon at the then current rates for account maintenance (e.g., dda/dba changes), special processing, retraining, equipment swaps and research including, but not limited to, research required to respond to any third party or government subpoena, levy or garnishment on your account. Company authorizes us to credit/debit such account as necessary to effect all such payments, agrees that all such debits are pre-authorized debits for business purposes as defined under Rule H1 of the Canadian Payments Association Rules and agrees to hereby waive the right to receive advance notice from us of any and all debits made by us from such account or any other account maintained by Company at any financial institution.

Company understands that we may take any or all of the following actions if considered necessary by us to protect ourselves from financial loss: establish, or require Company to establish, a reserve account; impose a processing limit or cap on the dollar amount of sales transactions that we will process for Company, which may be changed from time to time with or without notice to Company; establish holdback periods on payments to be made to Company; and/or suspend the processing of sales drafts for as long as necessary to investigate suspicious, unusual or excessive deposit or transaction activity.

All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS") and to validate PCI DSS compliance on an annual basis. Any company that has not validated PCI DSS compliance within ninety (90) days of account approval will be charged a monthly non-compliance fee of \$20 until Elavon is provided with validation of PCI DSS compliance.

For any time after the ninety (90) days following account approval, if Company validates PCI DSS by the 25th day of a month, Company will not be charged the monthly non-compliance fee for the 12 months starting with the month of validation (e.g., if Company validates compliance by the 25th of March, it will not pay a non-compliance fee from March through February of the following year). Following the end of each annual PCI DSS compliance validation period, Company will have to the 25th of the following month to validate compliance or Company will be required to pay the monthly non-compliance fee until Company again validates compliance.

☐ I/We agree to receive Elavon Canada Company's email messages, newsletters, updates, and promotions regarding our product and services at the provided address. I/We recognize that we may withdraw our consent at any time by providing notice to Elavon Canada Company. In addition, I/we acknowledge that we will still receive important service notifications that impact our ability to accept payments, such as security updates or software downloads. In addition, by signing this Company Application, I hereby certify that to the best of my knowledge, the information provided about me, the name and address provided for the above named Company, and the information provided about the beneficial owner(s) and/or the individual with control over the above named Company is complete and accurate.

SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction.

Company, its representative(s) and each person whose information is on this Company Application authorizes us prior to our acceptance of this Company Application and from time to time thereafter, for the purposes of facilitating the provision of our services to Company, to (i) investigate the individual and business history and background of Company, each such representative, each such person and any other officers, partners, proprietors, and/or owners of Company (collectively, the "Company Parties"); (ii) obtain credit reports, financial information or other background investigation reports on each of the Company Parties from our affiliates, credit agencies, other financial institutions, telecommunications providers, and references provided by the Company Parties that we consider necessary to review the acceptance and continuation of this Company Application; (iii) use any personal information provided by the Company Parties in this Company Application or otherwise or obtained by us under any other provision of this paragraph to respond to any further application for our services; (iv) facilitate the provision of our services by sharing such personal information and the results of our enquiries or investigations with our third party service providers, credit and debit card issuers, credit and debit card networks, credit agencies, governmental taxation authorities and similar parties; (v) use such personal information to investigate potentially fraudulent or questionable activities regarding the Company's account(s) or the use of our services; (vi) use such personal information for reporting purposes under credit or debit card network rules or regulations and to debit and credit card issuers, financial institutions or other credit or debit card related entities; (vii) use such personal information to offer products and services to the Company Parties that might be beneficial; (viii) use or disclose such personal information in the course of any actual or potential sale, reorganization, amalgamation or other change to our business; and (ix) collect, use and disclose such personal information from the Company Parties when required or permitted by law, including maintaining such personal information outside the borders of the Commonwealth of Canada, which may be accessed by the courts, law enforcement, and national security authorities.

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original. The parties hereby acknowledge that they have required the Agreement and all related documents to be drawn up in the English language. Les parties reconnaissent avoir demandé que les présents contrats ainsi que les documents qui s'y rattachent soient rédigés en langue anglaise.

American Express Acceptance Program (Acceptance Program). If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company. Company agrees to accept JCB payment devices if enrolled, when acceptance functionality becomes available in Canada in 2017, upon the terms and conditions governing such acceptance. Full terms can be reviewed in the Program Merchant Guide at the following link: www.americanexpress.ca/merchantguide.

By signing below, Company represents and warrants that it has obtained and read in full the TOS and the Operating Guide available at [https://www.mypaymentsinsider.com/api/file/157714/1/Terms%20of%20Service%20\(en_CA\).pdf](https://www.mypaymentsinsider.com/api/file/157714/1/Terms%20of%20Service%20(en_CA).pdf) and https://www.mypaymentsinsider.com/api/file/c/Operating_Guide_English or available from our customer service centre at 1-866-310-3345 prior to signing this Company Application and that it agrees with the terms thereof.

By signing this document below you are agreeing on behalf of the Company to a binding arbitration provision set forth in the TOS and expressly incorporated herein.

The Company Parties also authorize any person or credit reporting agency to compile information to answer credit inquiries made by us and to furnish that information to us.

PERSONAL GUARANTY

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, and in Quebec solidarily, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of Company's duties, debts, liabilities and obligations to us (including, without limitation, in respect of Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice (collectively, the "Obligations"). Guarantor(s) agrees that this is a continuing guarantee and that Guarantor(s)' liability will not be discharged, affected or released by (a) any event which results in Company not being under a legal obligation to make any payment or perform any Obligation, or (b) any event which results in Guarantor(s) not being under a legal obligation to make any payment or perform any obligation hereunder including by the Guarantor(s)' death or legal incapacity. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. Guarantor(s) renounces the benefit of discussion and division. This guarantee will bind all heirs, administrators, estate trustees, representatives, permitted successors and assigns of Guarantor(s) and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guarantee and that this guarantee remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guarantee. Each of this guarantee, the Company Application and the Agreement is a business agreement and any limitation period is expressly excluded and waived entirely. Guarantor(s) acknowledges that this guarantee is a summary of the guarantee provisions in the TOS (defined above), agrees that this guarantee is subject to the terms and conditions set forth in the TOS and, by signing below, represents and warrants that it has obtained and read in full the TOS available at https://www.mypaymentsinsider.com/api/file/c/Operating_Guide_English or available from our customer service centre at 1-866-310-3345 prior to signing below and that it agrees with the terms thereof.

The undersigned hereby authorizes any credit reporting agency or bureau to furnish us upon our request with a credit bureau report that relates to the undersigned.

SIGNATURE: X	PRINTED NAME:	DATE:
SIGNATURE: X	PRINTED NAME:	DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X	PRINTED NAME:	REP ID #:	DATE:
REP PHONE #: 888-996-2273	REP EMAIL: service@nationaltransaction.com		

ADDITIONAL INFORMATION

The W-8BEN form (and W-8IMY form for partnerships) establishes your non-US status. (US citizens/residents must complete the section designated for US citizens and residents)

Form W-8BEN - Non-US Entities/Citizens/Residents – Required (additional Partners must complete the additional W-8BEN form)

<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation If Corporation, select type: <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple Trust <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Complex Trust			
<input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International Organization <input type="checkbox"/> Central Bank of Issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private Foundation			
For Partnership, please indicate % of ownership represented by this beneficial owner: _____ %			
Note: Beneficial owner and residence address below should reflect that of the business' legal entity. For Individuals/Sole Proprietors, this should always be the owner's information (name and address). For definitions of beneficial owner and permanent residence address, see below.			
Beneficial Owner (ownership):		Country of incorporate or organization:	
Permanent residence address (No PO boxes or in-care-of addresses):			
City, province, postal code		Country (do not abbreviate):	
Mailing Address (if different than above)			
City, province, postal code		Country (do not abbreviate):	
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that: 1. I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates 2. The beneficial owner is not a US person 3. The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and 4. For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.			
Signature: X		Printed Name:	Title/Capacity:
			Date:

Form W-8IMY - Partnerships – Required

Individual/Organization acting as intermediary:		Country of incorporate or organization:	
<input type="checkbox"/> Qualified Intermediary	<input type="checkbox"/> Nonqualified intermediary	<input type="checkbox"/> Nonwithholding foreign partnership	<input type="checkbox"/> Withholding foreign partnership
<input type="checkbox"/> Withholding foreign trust	<input type="checkbox"/> U.S. branch	<input type="checkbox"/> Nonwithholding foreign simple trust	<input type="checkbox"/> Nonwithholding foreign grantor trust
Permanent residence address (No PO boxes or in-care-of addresses):			
City, province, postal code		Country (do not abbreviate):	
Mailing Address (if different than above)			
City, province, postal code		Country (do not abbreviate):	
I certify that the entity identified above: • Is a nonwithholding foreign partnership, a nonwithholding foreign simple trust, or a nonwithholding foreign grantor trust and that the payments to which this certificate relates are not effectively connected, or are not treated as effectively connected, with the conduct of a trade or business in the United States, and • Is using this form to transmit withholding certificates and/or other documentary evidence and has provided or will provide a withholding statement, as required.			
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income for which I am providing this form or any withholding agent that can disburse or make payments of the income for which I am providing this form.			
Signature: X			Date:

Form W-8BEN must be signed and dated by the beneficial owner of the income, or, if the beneficial owner is not an individual, by an authorized representative or officer of the beneficial owner.

Beneficial owner. For payments other than those for which a reduced rate of withholding is claimed under an income tax treaty, the beneficial owner of income is generally the person who is required under U.S. tax principles to include the income in gross income on a tax return. A person is not a beneficial owner of income, however, to the extent that person is receiving the income as a nominee, agent, or custodian, or to the extent the person is a conduit whose participation in a transaction is disregarded. In the case of amounts paid that do not constitute income, beneficial ownership is determined as if the payment were income. Foreign partnerships, foreign simple trusts, and foreign grantor trusts are not the beneficial owners of income paid to the partnership or trust.

Permanent residence address. Your permanent residence address is the address in the country where you claim to be a resident for purposes of that country's income tax. Do not show the address of a financial institution, a post office box, or an address used solely for mailing purposes. If you are an individual who does not have a tax residence in any country, your permanent residence is where you normally reside. If you are not an individual and you do not have a tax residence in any country, the permanent residence address is where you maintain your principal office.

US persons including US citizens and residents Only - Required

Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Unincorporated Association			
<input type="checkbox"/> Tax Exempt Organization (include documents that support Exempt Status) <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Estate			
<input type="checkbox"/> Limited Liability Company – Tax Classification (D=disregarded entity, C=corporation, S=S Corporation, P=partnership): _____ (If LLC, please indicate D, C, S or P)			
Note: Name (of business) as shown on your business income tax returns. For Sole Proprietors, this should always be the owner's name.			
Legal Business Name:			
Legal Business Address (No PO BOX):		o TIN (Social Security #):	
City:	State:	Zip Code:	r TIN (Employer Identification #):