

Owing to more stringent Audit & Regulatory Requirements being enforced by various entities of our Federal and State Government's Banking authorities and NACHA itself, we are now required to provide more detailed information relating to the business activities of our prospective Customers. While the heightened level of this enforcement is 'new', the concept itself is not, and falls well within the 'Know Your Customer' obligations of all participants in the banking system, including SPS as a third party sender of electronic transactions.

1) Legal Business Name: _____

2) DBA Name: _____

3) Physical Address: _____

4) Mailing Address: _____

(If different than above)

5) Email Address: _____

6) Phone #: _____ 7) Federal Tax ID #: _____

8) **Owner/Officer Name (1) :** _____ % Ownership: _____

Position: _____ SSN: _____ DOB: _____

Phone #: _____ Email: _____

Home Street Address: _____ City: _____ St/ZIP: _____

Owner/Officer Name (2) : _____ % Ownership: _____

Position: _____ SSN: _____ DOB: _____

Phone #: _____ Email: _____

Home Street Address: _____ City: _____ St/ZIP: _____

If more than 2 Owners, please attach a listing of Owner names including information requested above and submit respective DLs. If a Corp, please attach current Officer Listing.

9) Length of time current owner(s) has/have owned this business: _____

10) Is this business owned by a larger entity? Yes No

If yes, please explain: _____

Please attach a sheet with the owner info of that entity as outlined in the Owner/Officer section above.

11) Is there any foreign (non-U.S.) ownership in this Company? Yes No

If yes, please explain _____

12) Please state/describe the nature and purpose of your Company's business activity and provide a detailed description of the Products or Services that your Company sells: _____

13) Does the nature of your business require any regulatory licenses? Yes No

If yes, please explain (*and please provide copies of licenses*): _____

14) Does your business do any lending or extension of credit? Yes No

If yes, please explain: _____

15) Who do you offer or sell your Products or Services to? Check all that apply: Yes No

Consumers Yes No

Businesses Yes No

16) How are your Products or Services offered or sold to your Customer? Check all that apply: Yes No

Storefront Yes No

Online Yes No

Outbound Telemarketing Sales Yes No

Inbound Customer Initiated Telephone Sales Yes No

17) Does the business have a Website? Yes No

If yes, Website Address: _____

18) Where is the ultimate destination of your settlement funds? United States Other

If not the U.S., then please explain: _____

19) What is your refund policy? _____

20) Is there anything else you would like to add that might help us properly underwrite this account and set up properly on the front end to help avoid any potential issues with the ODFI once processing has begun? (ie. Volume seasonality, unusually high volume days, high returns volume, etc.) Yes No

If yes, please explain: _____

21) Will you be using Electronic Check Guarantee (single check)? Yes No

If yes, please fill in the limits below:

Maximum Individual Transaction: \$ _____ Maximum Daily: \$ _____

Maximum Weekly: \$ _____ Maximum Monthly: \$ _____

Printed Name

Title

Signature

Date

Please complete this form and return with requested documents to Secure Payment Systems. You can do so by faxing to (858) 549-1323 (ATTN: Contracts) or as an attachment via the secure email link "SPS/APS Secure Link" on the lower right side of the SPS website home page at www.securepaymentsystems.com and send to contracts@securepaymentsystems.com

Thank you for your Cooperation!