Business Service Agreement



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SERVICE(S) Debit Card	INFORMATION about th	e BUSINESS or ORG	ANIZATION			1
Maillion Address (If offerent from Address)	Name of Business or Organizati	ion		Phone Number(s)	NAICS Code
SERVICE(S) Debt Card eStatements Online Phone Mobile Bonding OD Transfer REPRESENTATIVE(S) INFO Inspersoration may part context biometric context biometric context by the biometric context biometric context by the biometric context biometric context by the	Address	City	State ZIP	Taxpayer ID Num	nber E-mail	
SERVICE(S) Debit Card	Mailing Address (if different from	m Address) City	State ZIP	Type of Business,	/Org. Registration/License N	lo. Company Password
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Representative 1 Name Tritle	SERVICE(S) Debit Ca	ard eStatements	Online Phone Mol	bile Banking OD T	ransfer	3
Home Phone	REPRESENTATIVE(S) IN	FO (A representative may start	c, conduct transactions, change, add and terminat	te an account, product or service t	for the business or organization.)	4
Home Phone Nobile Phone Social Security Number Date of Birth E-mail Address City State ZIP						
Semble Cation - State, Number & Issue and Exp. Date	Representative 1 Name	Title	Address		City	State ZIP
Representative 2 Name Title Address City State ZIP Home Phone Mobile Phone Social Security Number Date of Birth E-mail Address Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Address City State ZIP Transactor or Info User 1 Name Title Title Address City State ZIP Transactor or Info User 1 Name Title Tran	Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address	
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and conduct transactions according to our Business Services Agreement (the BSA Parts 1 & 2). The business or organization and its representative(s) (*you* 8 *you*) request the accounts, products and services selected on this Part 1 from, and abknowledge receiving or being offered the Part 2 of the BSA, which includes the Electronic Funds Transfer, Funds Availability and Rate & Charges disclosures (and which, along with our records, comprise the terms of the BSA). Part 2 has been emailed to Representative 1 standards and the part of the Part 2 of the BSA, which includes the Electronic Funds Transfer. Funds Availability and Rate & Charges disclosures (and which, along with our records, comprise the terms of the BSA). Part 2 has been emailed to Representative. It along the provides of the Part 3 has been or onlighted according to your instructions. You understand the BSA governs membership and understand information upon the provides accounted provides and	Identification Number (EIN) shown fied by the IRS that I am subject to backup withho	n is my/the correct identifica to backup withholding as a r olding	ation number and (iii) I am NOT, unless of result of a failure to report all dividends or Exempt (Exempt Payee Code	designated below, subject to r interest, or because the IRS)	backup withholding because I am S has notified me that I am no long I am not a United States citize	exempt or I have not been noti- ner subject to backup withholding. n or resident (complete W-8 form)
State ofin the county of Notary This Agreement was signed before me on Commission Expires by Name(s) of Representatives(s), Transactor(s), Information User(s) OFFICE Page 1 of 28	and conduct transactions accordin services selected on this Part 1 for (and which, along with our records and image your current identificatic tion, representatives, transactors a information from you. You affirm all future accounts, products, services BSA, and you may make changes business hours and Part 2 from ou 1. Authority of a Representative, for the accounts, products and ser may conduct transactions on and that an information user may access infuguate that number about accounts accounts, products or services. You name provided is the complete and member, manager, employee, boar 2. Certificate of Authority & Liabili force until we receive written notice of the change occurs, and you agree thand agree to notify us before engagicalm or liability that results from the organization. To assure consent to all	g to our Business Service A rm, and acknowledge receiving, comprise the terms of the lon, and note the beneficial or and information users to verifine information you provide is and additions to a Part 1 former website at your convenient. Transactor and Information vices with us based on the dake action to start, maintain, formation about accounts, products and services you umay call, email or write used correct name of the businest addrommittee person, volumetry. You understand and agree otherwise. A representative mustat we are not liable for any long in any such business in the acts of any current (or former) nd accuracy of the BSA, we mend a son and the son and accuracy of the BSA, we mend the son and the son and accuracy of the BSA, we mend the son and the son and accuracy of the BSA, we mend in the son and accuracy of the BSA, we mend the son and the s	greement (the BSA Parts 1 & 2). The busing or being offered the Part 2 of the BSA, BSA). Part 2 has been emailed to Repress where and control person of the business of your eligibility for membership and accouncurate, and that this Part 1 has been compelationship with us. You agree we may rely as we allow, and those changes and addice. You may start, maintain, review, change on User. You agree that each representative lesignated authority and Certificate of Auth change, add or terminate accounts, products and services, on behalf of the busing have or that we may offer. Calls may income to opt out of these calls. You affirm that it is so or organization to be used for the accounter, fiduciary and other authorized person (as that the authority given to a representative, ust notify us of any change to any aspect of the sisses due to the failure to timely notify us of a future. You and each representative, transactor and information us ay require a Part 1 to be notarized or re-compare the second of the compared	ness or organization and its in which includes the Electroni entative 1's address if provide or organization. We may also ints, products and services we leted according to your instrustions are binding on you. You e, add or terminate an accounce, transactor and information intig & Liability below and as ucts and services, a transactor and services, a transactor eness or organization. If you publicated autodialed, prerecorded the account(s), product(s) and servicely and account(s), product(s) and servicely the transactor and information use to business (including beneficia such changes. You certify the totor and information user under servicely before pleted and re-signed. 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Each officer, director, sha e business or organization has been allowners or the control person) or orgousiness or organization does not engrousiness or organization does not engrousiness or organization does not engrousines of any change to an account, pag or authorizing this Part 1, by using a gor authorizing this Part 1, by using a grant of the control person.	quest the accounts, products and and Rate & Charges disclosures excellent service, we may review reports on the business, organizaneeds, we may require additional erns membership and current and cumentation. We may change the a copy of the BSA from us during at any time according to the BSA, authorized to act on behalf of you. You understand a representative ounts, products and services, and ber, you agree we may text or call it is not required for membership, ness or organization, and that the reholder, partner, principal, owner, in duly formed and currently exists. Part 2 of the BSA will remain in full anization that affects the BSA when gage in internet gambling business ininst and hold us harmless from any product or service or the business or in account, product or service, or by
This Agreement was signed before me on Commission Expires	Representative 1 Signature	Representati	ve 2 Signature Re	presentative 3 Signature	I agree to be rei	noved as a Rep/Transactor/Info User
This Agreement was signed before me on Commission Expires	State of in the	county of	Notary			
by			,			
OFFICE Page 1 of 2		Topography (a) Topography	· -		•	
OFFICE Page 1 of 2	Name(s) of Representatives(s), Tr	ansactor(s), Information User(5)			8
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