



Application Date:	
Business Development Officer:	
How did you learn about Pathward?:	

COMPANY INFORMATION		
Legal Name:		
DBA:	Prior Name(s) including merged entities:	
Address:	City:	Province: Postal Code:
Phone: Fax:	Website:	
Mailing Address (if different from above):	City:	Province: Postal Code:
DAILY CONTACT PERSON Name:		Title:
Phone: Mobile:	Email:	
BUSINESS DESCRIPTION:		
FORM OF BUSINESS: Sole Proprietor Partnership Limited Partnership	LLC Corporation	Date Established:
JURISDICTION OF INCORPORATION / ORGANIZATION:		
OTHER LOCATIONS (attach additional sheets if necessary):		
Business/Principals current on all taxes?: Yes No If no, please explain:		
Bankruptcy filings (company or any principals)?: Yes No If yes, which and	date:	
Any current or prior security interests or liens, judgements, suits, criminal charges/conviction Yes No If yes, pleate explain:	ons, legal proceedings, regulatory actions agai	inst company, or principals / shareholders/officers?:
Are all owners (including shareholders) and officers/directors Canadian Citizens, or have the	e legal right to be in Canada?	
Yes No If not, please provide Photocopies of your Passport; and also your Work VISA or Per	rmanent Resident Card with this Application	
Has company been involved in a merger or acquisition within the last two (2) years?	Yes No If yes, please provide copy of p	ourchase/sale agreement.
Please provide names of all entities either owned or operated by primarily same principals fo	r last two (2) years:	
PRINCIPALS & SHAREHOLDERS (Attach additional sheets if necessary)		OWNERSHIP MUST TOTAL 100%
NAME (full legal):	Title:	% Ownership:
Home Address:	City:	Province: Postal Code:
Phone: Mobile:	County:	
Date of Birth: Social Insurance #:	Email Address:	
Valid Drivers License Number and Province, or Valid Passport Number:	Canadian Citizen?: Yes No	Provide any two (2) of the following government-issue photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses?	in:	1
NAME (full legal):	Title:	% Ownership:
Home Address:	City:	Province: Postal Code:
Phone: Mobile:	County:	
Date of Birth: Social Insurance #:	Email Address:	
Valid Drivers License Number and Province, or Valid Passport Number:	Canadian Citizen?: Yes No	Provide any two (2) of the following government-issue photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses?	in:	
NAME (full legal):	Title:	% Ownership:
Home Address:	City:	Province: Postal Code:
Phone: Mobile:	County:	
Date of Birth: Social Insurance #:	Email Address:	
Valid Drivers License Number and Province, or Valid Passport Number:	Canadian Citizen?: Yes No	Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses?	in:	·

CURRENT LENDER INFORMATION					
Name of Lender:	Line Amount: \$	Termination Date:	Notice Date:		
Address:	City:	Province:	Postal Code:		
Collateral Pledged / Charged:	Guarantees (Personal/Corporate)				
Do you have any other open loans with other lenders? \square Yes \square No \square If y	es, please list on additional page.				
ACCOUNTS RECEIVABLE INFORMATION					
Total # Customers: # of Domestic: # of For	reign:	Open Invoices: \$			
List Foreign:					
Number of invoices per month:					
Average Invoice Size: \$	Average # Days Invoices Outstand	ing:			
Terms, discounts or incentives offered:					
Annual sales: \$	Anticipated Monthly Financing:	3			
Are receivables, inventory or fixed assets pledged/charged as collateral for current fix	nancing?	yes, to whom:			
Are there any bill and holds: Yes No Any guaranteed sales or A	/R subject to offset: Yes No	Do you accept deposit	s:		
Please explain:					
PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR B	USINESS APPLICATION				
☐ Corporate Balance Sheets and Profit & Loss Statements (2 year-ends and most rec	ent interim statement)				
☐ Most recent detailed Accounts Receivable Aging & Accounts payable aging					
I hereby certify that all information contained in this application is correct. I hereby investigation it sees fit as to the creditworthiness of the company and all principal financing statements pursuant to the Uniform Commercial Code or applicable legi contents of said investigation and any ensuing reports will be, and remain, confidential. We to use, collect and disclose the foregoing information for the purposes Provinced heloss, or unauthorized disclosure. Pathward will keep such information for as long as questions regarding Pathward's Privacy Policy, or if I wish to rectify any information provided to USA PATRIOT ACT NOTIFICATION – The following notification is being provided to IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW law requires all financial institutions to obtain, verify, and record information that ident deposit account, loan, lease, or extension of credit, we will ask for your name, address, date other identifying documents. Sign Individually, with Title: Please have all principals sign below; attach as	Is individually by utilizing any credit report slation, describing the collateral as all asse (ithout limiting the generality of the foregoing, terein. Pathward will take reasonable precause necessary to provide the financing contempted to Pathward, I may contact Pathward at any to you pursuant to Part 326 of the USA Patriot V ACCOUNT To help the government fight if if its each person who opens an account. What e of birth, and other information that will allow	ing agency as and when needed, its of the Debtor or similar lan I hereby authorize Pathward, its su tion to safeguard such informati plated herein and in accordance we telephone number appearing herein Act of 2001, 31 CFR 103.121(b)(5 the funding of terrorism and monethis means for you: When you of	, and to file the appropriat guage. I understand that th bsidiaries, agents and assign ion to prevent it from thef with its Privacy Policy. For an n. (i): y laundering activities, Federa pen an account, including an		
Signature / Title Signature / Title	Print Nam Print Nam		Date Date		
Signature / Title	Print Nam	Print Name			
Canadian Foreign Representative 1315 Pi	ickering Parkway, Suite 300 Pickeri	ng, ON L1V 7G5	4.2323 f 248.267.1645		



Commercial Finance / Michigan Office 5480 Corporate Drive, Suite 350 **Transportation Division Office**

800 Crescent Centre Drive, Suite 620 | Franklin, TN 37067

Troy, MI 48098

p 248.641.5100 f 248.641.5101 p 615.620.3500 f 615.620.3510

EQUAL OPPORTUNITY NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assistance Group, 1301 McKinney St., Suite 3450, Houston, TX 77010-9050.



Beneficial Owner(s)

Completion of this form is mandatory to meet federal regulations through the Financial Crimes Enforcement Network (FINCEN). Although some information may have been provided in the previous application section, the section below must be fully completed.

The person opening a new account on behalf of a legal entity must fill and sign this form, providing the name, address, date of birth and Social Insurance number (or passport number or other similar information in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

COMPANY NAME:								
BENEFICIAL OWNER (Beneficial	Owners of 25% or	nore equi	ty interest)					
NAME (full legal):				Title:			% Ow	nership:
Home Address:				City:			Province:	Zip Code:
Phone:	Mobile:			County:				
Date of Birth:	Social Insurance	e #:		Email Address:				
Valid Drivers License Number and State, or Valid Passport Number:				Canadian Citizen?:	Yes	□No		of the following government-issued Driver's License, or Alien ID Card
Do you have an interest in any other business	sses? Yes	□No	If yes, please explain	:				
NAME (full legal):				Title:			% Ow	nership:
Home Address:				City:			Province:	Zip Code:
Phone:	Mobile:			County:				
Date of Birth:	Social Insurance	e #:		Email Address:				
Valid Drivers License Number and State, or Valid Passport Number:				Canadian Citizen?:	∐Yes	□No		of the following government-issued Driver's License, or Alien ID Card
Do you have an interest in any other business	sses? Yes	□No	If yes, please explain	:				
NAME (full legal):				Title:			% Ow	nership:
Home Address:				City:			Province:	Zip Code:
Phone:	Mobile:			County:				
Date of Birth:	Social Insurance	e #:		Email Address:				
Valid Drivers License Number and State, or Valid Passport Number:				Canadian Citizen?:	Yes	□No		of the following government-issued Driver's License, or Alien ID Card
Do you have an interest in any other business	sses? Yes	□No	If yes, please explain	1:				·
NAME (full legal):				Title:			% Ow	nership:
Home Address:				City:			Province:	Zip Code:
Phone:	Mobile:			County:				
Date of Birth:	Social Insurance	e #:		Email Address:				
Valid Drivers License Number and State, or Valid Passport Number:				Canadian Citizen?:	□Yes	□No		of the following government-issued Driver's License, or Alien ID Card
Do you have an interest in any other business	sses? Yes	□No	If yes, please explair	1:				
INDIVIDUAL WITH CONTROL	. (Individual with	ı significar	าt responsibility for ma	nagement and control o	f legal entit	y listed at	top of page)	
Is this person a Principal/Shareholder?:	□Yes □No	Is this p	erson listed in one of t	he four entries above?:	☐ Yes	s 🗌 N	Provide any two (2) o photo IDs: Passport, I	of the following government-issued Driver's License, or Alien ID Card
NAME (full legal):				Title:			% Ow	nership:
Home Address:				City:			Province:	Zip Code:
Phone:	Mobile:			County:				
ate of Birth: Social Insurance #:		Email Address:						
Valid Drivers License Number and State, or Valid Passport Number:				Canadian Citizen?:	Yes	□No		of the following government-issued Driver's License, or Alien ID Card
Do you have an interest in any other business	sses? Yes	□No	If yes, please explair	1:				
I hereby certify that, to the best of my kno	wledge, that the i	nformati	on provided above is	complete and correct.				
Signature / Title			Print Nan	1е				