

ENTITY

INDIVIDUAL	BUSINESS
Individual	Proprietorship Partnership Corporation
Required Documents:	Required Documents:
<ul style="list-style-type: none"> • Copy of 2 pieces of Photo ID 	<ul style="list-style-type: none"> • Copy of Articles of Incorporation or Formation; • Copy of 2 pieces of Photo ID

OFFICE USE ONLY	<input type="checkbox"/> REFUSE <input type="checkbox"/> APPROVE
ACCOUNT #	
COMMENTS	

ACCOUNT OWNER

TITLE	FIRST NAME	INITIALS	LAST NAME
ADDRESS	CITY	COUNTRY	PROVINCE POSTAL CODE
PHONE#	E-MAIL	FAX #	
LEGAL BUSINESS NAME	DBA	HST #	

AUTHORIZED REPRESENTATIVES *Provide a copy of a driver's licence or signer's passport for verification purposes*

1	FIRST NAME	LAST NAME	DOB (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
DRIVER'S LICENCE #	PASSPORT #	CELLPHONE #	
AUTHORIZED TO WITHDRAW	YES NO	SIGNATURE	
AUTHORIZED TO TRANSFER	YES NO		
2	FIRST NAME	LAST NAME	DOB (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
DRIVER'S LICENCE #	PASSPORT #	CELLPHONE #	
AUTHORIZED TO WITHDRAW	YES NO	SIGNATURE	
AUTHORIZED TO TRANSFER	YES NO		
3	FIRST NAME	LAST NAME	DOB (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
DRIVER'S LICENCE #	PASSPORT #	CELLPHONE #	
AUTHORIZED TO WITHDRAW	YES NO	SIGNATURE	
AUTHORIZED TO TRANSFER	YES NO		

BILLING ADDRESS *-if the same as of account owner's*

ADDRESS	CITY	COUNTRY	PROVINCE POSTAL CODE
PHONE #	E-MAIL	FAX #	

NAME - PLEASE PRINT

SIGNATURE

DATED