

**CheckFreePay Corporation  
Corporate Agent Verification Application**

<b>Name of Business:</b>		Check one: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
Business address: (Street)		(City)	(State)	(Zip Code)	
Mailing Address, if different:(Street)		(City)	(State)	(Zip Code)	
<b>Federal Taxpayer Identification #:</b>		Telephone #:		Fax #:	
Contact Name and Title:		Contact's Email Address:			
Website / URL address:		Years Under Current Owner:	# of years in Business:	Date and State of Incorporation:	
Dunn & Bradstreet list #:		Are all locations ADA Compliant & Handicap Accessible? <input type="checkbox"/> NO <input type="checkbox"/> YES		# of locations:	
<b>Corporate Parent/ Principal Officers/ Owner Name(s)</b>	<b>% of owner- ship</b>	<b>Headquarters principle location including address, city, state, zip code, &amp; phone number</b>	<b>EIN #</b>	<b>Private or Publicly held?</b>	<b>Stock Info including ticker symbol</b>
Print Name:					
Print Name:					
Print Name:					
<b>Services Offered:</b> <input type="checkbox"/> Liquor <input type="checkbox"/> Pharmacy <input type="checkbox"/> Supermarket/Grocery <input type="checkbox"/> Convenience <input type="checkbox"/> Mail/Shipping <input type="checkbox"/> Wireless Phone <input type="checkbox"/> Florist <input type="checkbox"/> Restaurant/Deli <input type="checkbox"/> Travel <input type="checkbox"/> General Retail <input type="checkbox"/> Other (Describe) _____					
<b>Other Money Services Offered:</b>					
<input type="checkbox"/> Check Cashing <input type="checkbox"/> Money Orders <input type="checkbox"/> Currency Dealing or Exchange <input type="checkbox"/> Issuer of Stored Value <input type="checkbox"/> Money Transfer					
<b>1. Are services performed in amounts more than \$1000 per day, per customer, per service? *Yes <input type="checkbox"/> No <input type="checkbox"/></b>					
<b>2. Are you an agent of another Principle MSB? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one(s) _____</b>					
<b>* If you answered yes to question 1, please submit with contract:</b>					
<ul style="list-style-type: none"> <li>• Copy of Detroit Computing Center Acknowledgement letter and computer generated facsimile copy of your FinCEN registration, <b>OR</b> copy of signed contract with the principal MSB whom you operate as an agent for, AND</li> <li>• Copy of state license, if applicable to your state, AND</li> <li>• Copy of your Anti-Money Laundering Compliance Program</li> </ul>					

**Additional Documentation required with contract:**

- Certified Public Accountant most recent audited business financial statements
- copies of Certificate of Incorporation or Certificate of Good Standing

**History:**

1. Has Applicant or any Owner filed all Federal, State, and Local tax returns for your business for the past three years?  
 NO             YES
  
2. Has Applicant or any Owner ever been terminated as an agent by any other money transfer service or bill payment service in the past?  
 NO             YES    If yes, please furnish details, location and dates.
  
3. Has Applicant (ie. the sole proprietorship, partnership or corporation) ever been convicted of any felony under state, federal or foreign law or entered a plea of nolo contendere to a criminal charge other than minor traffic violation?  
 NO             YES    If yes, please furnish details, location and dates.
  
4. Has any Owner (whether an individual, a partnership, or a corporation) or any officer, director, or general partner of any Owner ever been convicted of any felony under state, federal or foreign law or entered a plea of nolo contendere to a criminal charge other than minor traffic violation?  
 NO             YES    If yes, please furnish details, location and dates.
  
5. List any bankruptcy actions during the past ten years. Include dates filed and where, whether business or personal, court of jurisdiction, docket number and name and address of trustee.
  
6. List any pending and settled suits or actions for the past five years. Provide a brief description, dates, liability estimate, court of jurisdiction and location and disposition.

**I/WE HEREBY CERTIFY THAT THE INFORMATION IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I/WE UNDERSTAND THAT IF ANY INFORMATION PROVIDED IS DETERMINED TO BE FABRICATED, FALSE OR INCORRECT BY CHECKFREEPAY, THAT MY APPLICATION CAN BE DENIED OR MY/OUR ACCEPTANCE WILL BE REVOKED. FUTUREMORE, I/WE UNDERSTAND AND AGREE THAT IN FILLING OUT THIS APPLICATION THAT I/WE ARE FINANCIALLY AND LEGALLY LIABLE UNDER THE TERMS AND CONDITIONS OF THE AGENT AGREEMENT WHICH IS INCORPORATED HEREIN BY REFERENCE.**

Signature #1 \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Signature #2 \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Signature #3 \_\_\_\_\_ Printed Name: \_\_\_\_\_

**THIS APPLICATION MUST BE FILLED OUT AND SIGNED IN ITS ENTIRETY BEFORE SUBMISSION TO CHECKFREEPAY. CHECKFREEPAY RESERVES THE RIGHT TO DETERMINE, IN ITS SOLE DISCRETION IF PROSPECTIVE AGENT HEREUNDER MAY ACT ON BEHALF OF CHECKFREEPAY TO PERFORM THE FUNCTIONS OF AN AGENT.**

**Release of Credit Information:** The above business and individuals authorize all of its (their) banks, trade suppliers, and creditors to release business and personal credit information to CheckFreePay by fax, phone, or mail at the discretion of CheckFreePay to assist in the evaluation of the business as an Agent. CheckFreePay may share the information on this document only with such banks, trade suppliers, or creditors. CheckFreePay does NOT release credit or financial information to any third parties. CheckFreePay does NOT discriminate based on race, religion, color, sex, sexual orientation, age, national origin or ancestry, physical or mental disability, veteran status, or any other consideration made unlawful by federal, state, or local laws. CheckFreePay is, however, required to obtain and report information on the Agent Equal Opportunity Program to various Clients and State Regulatory bodies that govern our business.