

Corporate Customer Agreement

Limited Liability Partnership (LLP)



Business Information

Please enter the details of your business below.

Business name:	Business industry:	Website:	Organized state:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partners

Please list all partners with a controlling interest of 25% or greater below. A 'Primary User', someone who is responsible for the OFX account, must also be delegated.

Name/Entity:	Residential/Entity address:	City:	State:	Zip code:	D.O.B:	Email:	Title/Position:	Ownership:
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure a 'Primary User' is delegated from the Partners listed above.

Primary User

As a fully regulated financial institution, federal law requires us to obtain, verify, and record information that identifies each person who opens an OFX account. Please ensure the following information is entered for the 'Primary User'. A scanned copy of a government-issued photo ID is also required. This, along with the completed agreement, can be securely uploaded within the OFX platform (under the 'Profile & Settings' section).

Primary User:	Telephone (mobile):	SSN:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorized User (optional)

Authorized users have the authority to book transactions, provide instructions, access account information and to otherwise act as an agent on your behalf. By completing this section, you acknowledge and agree that you will be liable for and bound by all transactions conducted by the 'Authorized User' entered below. Please also include a scanned copy of a government-issued photo ID for the individual you are authorizing.

Full name:	Title/Position:	Date of Birth:	Telephone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address:	City:	State:	Zip code:	Social Security Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Certification and Agreement

My signature acknowledges my review and acceptance of the terms and conditions set forth in the [User Agreement](#). By signing below, I hereby certify that I am duly authorized to enter into this agreement on behalf of the entity named in this application. Under penalty of perjury, I certify that the information provided on this form is true, correct and complete.

'Primary User' Signature:	'Primary User':	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>