

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 Contact'**, 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 Contact'** is delegated from the Partners listed above.

Authorized Users

OFX can grant multiple user access under one business account to each partner of your organization. Please delegate user permissions below as required. If you wish to grant access to a user who is not a controlling partner, please complete the **'Add Authorized User'** section. A **government-issued photo ID, valid telephone number and SSN** are required for users who are delegated access and unique login credentials will be provided to each user shortly after your OFX account is active. You acknowledge and agree that you will be liable for and bound by all transactions conducted by any Authorized User.

Partner:	Access to the OFX platform required?	Permissions:
<input type="text"/>	<input type="radio"/> Yes T: <input type="text"/> SSN: <input type="text"/>	<input type="checkbox"/> UNLIMITED
<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes T: <input type="text"/> SSN: <input type="text"/>	<input type="checkbox"/> UNLIMITED
<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes T: <input type="text"/> SSN: <input type="text"/>	<input type="checkbox"/> UNLIMITED
<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes T: <input type="text"/> SSN: <input type="text"/>	<input type="checkbox"/> UNLIMITED

The **'Primary Contact'** has **UNLIMITED** access to the platform by default

<input type="checkbox"/> Authorize	<input type="checkbox"/> Instructions	<input type="checkbox"/> Payments	<input type="checkbox"/> Quotes	<input type="checkbox"/> View
<input type="checkbox"/> Authorize	<input type="checkbox"/> Instructions	<input type="checkbox"/> Payments	<input type="checkbox"/> Quotes	<input type="checkbox"/> View
<input type="checkbox"/> Authorize	<input type="checkbox"/> Instructions	<input type="checkbox"/> Payments	<input type="checkbox"/> Quotes	<input type="checkbox"/> View

Add Authorized User

Name:	Residential address:	City:	State:	Zip code:	Date of birth:	Title/Position:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email:	Telephone:	SSN:	Permissions:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UNLIMITED	<input type="checkbox"/> Authorize	<input type="checkbox"/> Instructions	<input type="checkbox"/> Payments	<input type="checkbox"/> Quotes	<input type="checkbox"/> View

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