

Corporate Customer Agreement

Sole Proprietor



Business Information

Please enter the details of your business below.

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

Business Owner

Please enter the details of the business owner/sole proprietor. This individual is responsible for the OFX account (known as the 'Primary Contact').

Full name:	Date of Birth:	Telephone:	Email:	
<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"/>

Authorized User (optional)

Please identify an additional individual who can transact on behalf of the business (if different from the Business Owner). You will need to provide a copy of a **government-issued photo ID** for the user listed below. You acknowledge and agree that you will be liable for and bound by all transactions conducted by any Authorized User.

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

'Primary Contact' signature: