

# Corporate Customer Agreement

## Sole Proprietor



### Business Information

Please enter the details of your business below.

Registered company name:	Trading name (if different):	Website:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Trading address (if different from registered company address):	City:	Province:	Postal code:	Industry:
<input type="text"/>	<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:	Province:	Postal code:
<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:	Province:	Postal code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Attestation, Certification and Agreement

My signature acknowledges my review and acceptance of the terms and conditions set forth in the [User Agreement](#) available on OFX.com. 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 hereby attest that the information provided in this form is true, accurate and complete.

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

'Primary Contact' signature: