Corporate Customer Agreement





Business Information

Business Owner Business Owner Business Owner Business Owner Business Owner Business Owner Business Owner/sole proprietor. This individual is responsible for the OFX account (known as the 'Primary Contact'). Business Owner Business Owner/sole proprietor. This individual is responsible for the OFX account (known as the 'Primary Contact'). Business Owner City: Province: Postal code: Business: City: Province: Postal code: Business: City: Province: Postal code: Business: City: Province: Postal code: Business Owner). You will need to provide a copy of a government-issued and to 10 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. Business: Email: Email:	Registered company name:					
Business Owner ease enter the details of the business owner/sole proprietor. This individual is responsible for the OFX account (known as the "Primary Contact"). Ill name: Date of Birth: Telephone: Email: City: Province: Pestal code: Authorized User (optional) ease 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 note to 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. Ill name: Title/Position: Date of Birth: Telephone: Email: City: Province: Pestal code:		Trading name (if different):		Website:		
Business Owner ease enter the details of the business owner/sole proprietor. This individual is responsible for the OFX account (known as the "Primary Contact"). Ill name: Date of Birth: Telephone: Email: City: Province: Pestal code: Authorized User (optional) ease 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 note to 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. Ill name: Title/Position: Date of Birth: Telephone: Email: City: Province: Pestal code:						
lease enter the details of the business owner/sole proprietor. This individual is responsible for the DFX account (known as the 'Primary Contact'). Ill name: Date of Birth: Telephane: Email: City: Province: Postal code: Authorized User (optional) Lease identify an additional individual who can transact on behalf of the business (if different from the Business Owner). You will need to provide a capy of a government-issued noto 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. Title/Position: Date of Birth: Telephane: Email: City: Province: Postal code:	Trading address (if different from registered company address):	City:	Province:	Postal code:	Industry:	
lease enter the details of the business owner/sole proprietor. This individual is responsible for the DFX account (known as the 'Primary Contact'). Ill name: Date of Birth: Telephane: Email: City: Province: Postal code: Authorized User (optional) Lease identify an additional individual who can transact on behalf of the business (if different from the Business Owner). You will need to provide a capy of a government-issued noto 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. Title/Position: Date of Birth: Telephane: Email: City: Province: Postal code:						
lease enter the details of the business owner/sole proprietor. This individual is responsible for the DFX account (known as the 'Primary Contact'). Ill name: Date of Birth: Telephane: Email: City: Province: Postal code: Authorized User (optional) Lease identify an additional individual who can transact on behalf of the business (if different from the Business Owner). You will need to provide a capy of a government-issued noto 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. Title/Position: Date of Birth: Telephane: Email: City: Province: Postal code:			'			
lease enter the details of the business owner/sole proprietor. This individual is responsible for the DFX account (known as the 'Primary Contact'). Ill name: Date of Birth: Telephane: Email: City: Province: Postal code: Authorized User (optional) Lease identify an additional individual who can transact on behalf of the business (if different from the Business Owner). You will need to provide a capy of a government-issued noto 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. Title/Position: Date of Birth: Telephane: Email: City: Province: Postal code:						
Date of Birth: Telephone: Email: SuthOrized User (optional) Lease 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 noto 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. Lill name: Title/Position: Date of Birth: Telephone: Email: Sidential address: City: Province: Postal code:	Business Owner					
sidential address: City: Province: Postal code: Authorized User (optional) Lease 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 noto 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. Ill name: Title/Position: Date of Birth: Telephone: Email: Sesidential address: City: Province: Pastal code:	Please enter the details of the business owner/sole proprie	tor. This individual is respon	sible for the OFX account (know	n as the 'Primary C	ontact').	
rease 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 noto 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. Ill name: Title/Position: Date of Birth: Telephone: Email: Sidential address: City: Province: Postal code:	Full name:	Date of Birth:	Telephone:	Email:		
rease 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 noto 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. Ill name: Title/Position: Date of Birth: Telephone: Email: Sidential address: City: Province: Postal code:						
lease 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 noto 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. Ill name: Title/Position: Date of Birth: Telephone: Email: City: Province: Postal code:	Residential address:		City:		Province:	Postal code:
lease 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 noto 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. Ill name: Title/Position: Date of Birth: Telephone: Email: City: Province: Postal code:						
	photo ID for the user listed below. You acknowledge and agr	ree that you will be liable for	and bound by all transactions c	onducted by any A		a government-issued
ttestation, Certification and Agreement	Residential address:		City:		Province:	Postal code:
	Residential address:		City:		Province:	Postal code:
y 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 ally 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, courate and complete.		greement	City:		Province:	Postal code:
rimary Contact': Date:	Attestation, Certification and Ag	the terms and conditions se	t forth in the <mark>User Agreement</mark> av		n. By signing belov	w, I hereby certify that I am
	Attestation, Certification and Ag My signature acknowledges my review and acceptance of the duly authorized to enter into this agreement on behalf of the accurate and complete.	the terms and conditions se	t forth in the <mark>User Agreement</mark> av		n. By signing belov	w, I hereby certify that I am
rimary Contact' signature:	Attestation, Certification and Ag My signature acknowledges my review and acceptance of the duly authorized to enter into this agreement on behalf of the accurate and complete.	the terms and conditions se	t forth in the <mark>User Agreement</mark> av		n. By signing belov	w, I hereby certify that I am
	Attestation, Certification and Ag My signature acknowledges my review and acceptance of t duly authorized to enter into this agreement on behalf of the accurate and complete. Date:	the terms and conditions se	t forth in the <mark>User Agreement</mark> av		n. By signing belov	w, I hereby certify that I am
	Attestation, Certification and Ag My signature acknowledges my review and acceptance of the duly authorized to enter into this agreement on behalf of the accurate and complete.	the terms and conditions se	t forth in the <mark>User Agreement</mark> av		n. By signing belov	w, I hereby certify that I am