

Authorization for Information and Certificate of Authority

In connection with a Business Account Application

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Business Account Applicant

Legal Name of Business Entity (Include DBA name if applicable)

Section 1: Authorization for Information in Connection with a Business Account Application

Signature Capture – Owners/Key Individuals with control (i.e., authority or influence) over the entity's structure, policies, and philosophies
 By signing this form, I authorize Wells Fargo Bank, N.A. ("the Bank") to obtain verifications and reports from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with the business account application for the above-named business and any other account applications by this business. I understand the Bank requests this information for legitimate business reasons including reducing fraudulent accounts and preventing access to financial information and accounts by unauthorized persons. Should the information obtained from any such report cause the Bank to deny the account application for the business, I also authorize the Bank to communicate, either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business that the denial was based in whole or in part on such information. I also authorize the Bank to use such information and to share it with its affiliates in order to determine whether the business is qualified for other products and services offered by the Bank and its affiliates.

Print Full Legal Name of Owner/Key Individual

		Owner: _____% of ownership
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Position/Title	Phone number	Social Security Number (SSN)
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Signature	Date
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Print Full Legal Name of Owner/Key Individual

		Owner: _____% of ownership
--	--	----------------------------

Position/Title	Phone number	Social Security Number (SSN)
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Signature	Date
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Print Full Legal Name of Owner/Key Individual

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Position/Title	Phone number	Social Security Number (SSN)
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Signature	Date
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Print Full Legal Name of Owner/Key Individual

		Owner: _____% of ownership
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Position/Title	Phone number	Social Security Number (SSN)
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Signature	Date
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Section 2: Individual owners with 25% or more ownership who do not have authority and control to manage the business

(Note: Sole Proprietors do not complete this section)

Print Full Legal Name of Individual Owner	Social Security Number (SSN)	Position/Title
_____	_____	_____
Phone number	% of Ownership	
_____	_____	

Print Full Legal Name of Individual Owner	Social Security Number (SSN)	Position/Title
_____	_____	_____
Phone number	% of Ownership	
_____	_____	

Section 3: Non-individual owners with 25% or more ownership

(Note: Sole Proprietors do not complete this section)

Print Full Legal Name of the Non-Individual Owner	Tax Identification Number (TIN)	Authority and control	% of Ownership	Phone number
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Entity type	Sub-type	Country of Registration	State of Registration	Physical Address
_____	_____	_____	_____	_____

Print Full Legal Name of the Non-Individual Owner	Tax Identification Number (TIN)	Authority and control	% of Ownership	Phone number
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Entity type	Sub-type	Country of Registration	State of Registration	Physical Address
_____	_____	_____	_____	_____

Section 4: Certificate of Authority

Each person who signs below certifies that:

- A. The use of any Bank deposit account, product or service by the customer of the Bank for which this Certificate of Authority is issued (the "Customer") will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.
- B. Each person who signs at the end of this Section 4, or whose name and specimen signature appear in Section 6, below, is authorized on such terms as the Bank may require to:
 - (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
 - (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Authorization for Information and Certificate of Authority or from accounts that the customer opens after the date of this Authorization for Information and Certificate of Authority (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
 - (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
 - (4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.
- C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.
- D. Each transaction described in this Certificate conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.
- E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.
- F. The information provided in the Customer's business account application is correct and complete, each person who signs at the end of this Section 4 and each person whose name appears in Section 6, below, holds any position indicated, and the signature appearing opposite the person's name is authentic.
- G. The Customer has approved this Certificate or granted each person who signs at the end of this Section 4 the authority to do so on the Customer's behalf by:
 - (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
 - (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
 - (3) the signature of the Customer, if the Customer is a sole proprietor.

Required Signature(s): At least one individual owner, partner, or key executive with authority and control over the business must sign.

For jointly owned sole proprietorships, both owners must sign.

Signature	Print Full Legal Name	Title/Position	Date
_____	_____	_____	_____
Signature	Print Full Legal Name	Title/Position	Date
_____	_____	_____	_____

Section 5: Substitute Form W-9, Request for Taxpayer Identification Number and Certification

Taxpayer Identification Number: Enter either the Employer Identification Number or the Social Security Number that the business named above will use for IRS Tax Identification purposes. **Do Not Enter Both Identification Numbers.**

EIN: | | | - | | | | | | | | | | **OR** **SSN:** | | | - | | | - | | | | | |

Check appropriate box for federal tax classification (required):

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited Liability Company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other _____

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Does not apply to accounts within the U.S.)

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. For help with this Section 5, refer to the IRS Form W-9 instructions at the IRS website (www.irs.gov).

Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. Person

Date

Section 6: All Authorized Signers on the Account

Section 6a: Individuals included in section 1 or 2 above who will also be an Authorized Signer on the account complete the following information

Print Full Legal Name	Signature	Date
_____	_____	_____
Print Full Legal Name	Signature	Date
_____	_____	_____
Print Full Legal Name	Signature	Date
_____	_____	_____
Print Full Legal Name	Signature	Date
_____	_____	_____

Section 6b: Additional Authorized Signers who are not included in section 1 or 2 above complete the following information

Print Full Legal Name	Signature	Date
_____	_____	_____
Physical Address	Phone number	Email Address
_____	_____	_____
Print Full Legal Name	Signature	Date
_____	_____	_____
Physical Address	Phone number	Email Address
_____	_____	_____

Bank Use Only

Account number(s)	Date opened
_____	_____