



PLS FOR BUSINESS APPLICATION

COMPANY INFORMATION

(Check One)

- Corporation LLC Limited Partnership
- General Partnership/
Sole Proprietorship Other _____
- (Self-Employed/Independent Contractor)

(complete for Corporation, LLC or Limited Partnership only)

Company Name: _____

Tax ID(EIN)#: _____

BUSINESS INFORMATION

Year Business Started: _____ Check here if business address is a residential address

DBA (if applicable): _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone: _____ Email: _____

Nature of Business: _____ Number of Employees: _____

Anticipated Check Cashing Volume: Monthly \$ _____ Annually \$ _____

OWNER INFORMATION

Name: _____ Title: _____

ID Type: _____ ID#: _____

Country or State ID Issued: _____ ID Expiration Date: _____

SSN/ITIN: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Percentage of Ownership: (If ownership is less than 100%, we may contact you to collect information about additional owners) _____

I hereby certify that all of the information above is true and accurate. I acknowledge the owner(s) and any authorized signers are liable to PLS for all returned checks, plus a dishonored check charge.

Signature: _____ Date: _____

IMPORTANT COMMUNICATION POLICY

You expressly consent and agree PLS Financial Services, Inc. and their affiliates, agents, or third-party debt collectors ("PLS", "us" or "we") may contact you by telephone or text message at any telephone number associated with your account that you provide now or in the future, including wireless telephone numbers (i.e. cell phone numbers), regardless of whether you incur any charges from your cell phone provider as a result, in order to service your account or collect any amounts owed to us. By providing us with your telephone number or cell phone number you are expressly consenting to receiving communications by any method, including but not limited to, using any telephone dialing system, sending text messages, using manual calling methods, pre-recorded/artificial voice messages and/or use of an automatic telephone dialing system.

By signing the customer signature line immediately following this paragraph, you authorize us to contact you at the telephone number and/or cell phone number provided in this application, by using an automatic telephone dialing system or an artificial pre-recorded voice, for advertising purposes. You understand you are not required to provide this authorization as a condition of any purchase.

CUSTOMER SIGNATURE: _____



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IDENTIFICATION

Please provide any one of the items below:

- Passport (U.S. or foreign)
- U.S. Passport Card
- U.S. State Driver's License with a photo
- U.S. State ID Card
- Armed Forces ID card with picture (from a branch of the U.S. armed forces)
- Tribal ID card
- U.S. Visa
- U.S. Alien Registration Card or Permanent Resident Card (Green Card)
- Consular or Matricula ID card

BUSINESS DOCUMENTS

Please ask us if you need help locating or providing the items listed below.

Corporation, LLC, Limited Partnership

(any one or more of the below that shows active status of the entity and the officers)

- Articles of Incorporation
- Business License
- Employer Identification Number (EIN #)*

Sole Proprietorship, Self Employed, General Partnership

(any one or more of the below that shows business activity)

- 1099 or other Tax Documents
- Previous Year's Federal Tax Return
- Business Insurance
- Bank Statements
- Business Documents
- Invoices
- Expense Receipts
- Contracts
- Partnership Agreement

- DBA (Doing Business As): A Certificate of Assumed Name is required for companies conducting business under a name other than the true legal name.

We will contact you if additional information is needed.

*If the business does not have an Employer Identification Number (EIN), please provide the owner's social security number or ITIN.