



## WHOLESALE APPLICATION

Please provide as much of the following information as possible. Please fax the completed application to: (602) 297-6895

### INFORMATION FORM

#### BUSINESS INFORMATION

Referred by: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_ DBA (if any): \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

State the business was formed in: \_\_\_\_\_ Website (if any): \_\_\_\_\_

Type:  Corporation  Limited Liability Corp.  Partnership  Sole Proprietor

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years in Above Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from above)

#### Principal:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Drivers License State: \_\_\_\_\_

**Has the entity or any principal ever been convicted of a felony or misdemeanor involving a Financial Institution or Money Laundering?**  No  Yes

The undersigned hereby warrants to Reward Card Solutions, LLC that the undersigned and their business entity(s) shall not knowingly participate in any activity involving money laundering and/or that is in violation of any state, federal or other statute, law, rule, regulation and/or requirement. Reward Card Solutions, LLC shall also run the business name and principal names against the OFAC SDN lists: <http://www.treas.gov/offices/enforcement/ofac/sdn/index.shtml> to meet the BSA/USA PATRIOT Act requirements.

During the due diligence process and at any time during any subsequent contractual relationship, I hereby authorize Reward Card Solutions, LLC to procure any Consumer/Business Report as well as verify and gather other information pertaining to the information that I have provided. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such research includes information bearing on my character, general reputation, personal characteristics or mode of living. I personally and corporately guarantee all purchases made by the entity referenced herein.

**BUSINESS ENTITY NAME:** \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Full Name and Title

Once your account is approved you'll receive your Order Form Template to purchase cards right away.

A Reward Card Solutions, LLC Company, 108 E. John St., Carson City, NV 89706 - (602) THE-CARD  
[www.602TheCard.com](http://www.602TheCard.com) (843-2273)