



Application for Agency Appointment

New Applicant Change of Ownership Sole Proprietorship Partnership LLC Corporation

A.

Legal Business Name _____
Doing Business as _____
Business Street Address _____
City _____ State _____ Zip _____
Country _____ Business Phone _____ Fax Number _____
E-mail Address Website Address _____
Business Hours _____

B.

Occupational License / Tax ID:

Date Issued: _____ Expiration Date: _____
Business License #: _____ Issued by: _____
Tax ID Number: _____ Fiscal Year End: _____ / _____
Month Date

C.

Business Type: _____
Major products/services offered by the business: _____
Languages Spoken at the store? English Spanish Other (Please Specify) _____

D.

List competitors in store, if any.

Wires

Competitors	Brazil	-	Others	Credit Limit
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

E.

Questionnaire:

- Date Business Started _____ If applicable, Date Acquired by Current Owner _____
- ____ Rent Location or ____ Own Location
- How long has the agent being established at this location: _____
- Has the vendor or any of the owners / partners / officers ever being in the Money Transmitting Business in the state of _____? _____ For How long? _____



5. Has the vendor or any of the owners / partners / officers ever being in the Money Transmitting Business outside the state of _____? _____ For How long? _____
6. Have you ever had a previous Money Transmitter relationship terminated? (If yes, state what company and reason)
- _____

F.
List all significant owners, officers and directors of corporation.

Name of the Officers	Title	% Ownership	ID Number and S.S. #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G.
If an Anti-Money Laundering Compliance Officer has been designated (or person in charge of anti-money laundering program), please provide the following information:

Name: _____
 Telephone: _____
 Email: _____

Do you cash checks for more than \$1,000 either individually or in the aggregate for one person in one day? Yes No

Do you accept or exchange currency for more than \$1,000 either individually or in the aggregate for one person in one day?
 Yes No

If yes, please provide a copy of your FinCEN Registration (Acknowledgement Letter).

H.
Bank Information

Bank Names _____ Account Numbers _____
 Cash in banks _____ Other \$ _____ Net Value of Business _____

I.
Business Credit Reference

Business Name	Address	Contact Name/Title	Phone
_____	_____	_____	_____
_____	_____	_____	_____

J.
Have you ever been arrested, indicted and/or convicted of any felony under local, state, federal or foreign law? Yes No
 If yes, please attached a detailed explanation



K. Credit Authorization

Department of Business Oversight (DBO), federal compliance laws & banking regulations require us to verify the credibility of any applicant applying to act as a vendor under our money transmitter license (Know-Your-Agent policy). In this context the below named clients authorized us to verify the adequacy of their credit status and ability to perform their contractual obligations.

To Whom It May Concern:

1. As part of the application process, “Pontual Money Transfer”, a fictitious name of Pronto Money Transfer, Inc., a California Corporation may verify information contained in my/our application and in other documents required in connection with this application either before the approval of this application or as part of its quality control program.
2. I/We authorized you to provide to Pontual Money Transfer any and all information and documentation that they request. Such information includes, but is not limited to, employment history, bank, consumer credit services, background check, criminal check, state and federal government representatives.
3. A copy of this authorization may be accepted as an original.

Client: _____

EIN: _____

DBA: _____

Officers:

- 1) _____ Social Security # _____ Signature: _____
Please Print
- 2) _____ Social Security # _____ Signature: _____
Please Print
- 3) _____ Social Security # _____ Signature: _____
Please Print
- 4) _____ Social Security # _____ Signature: _____
Please Print
- 5) _____ Social Security # _____ Signature: _____
Please Print
- 6) _____ Social Security # _____ Signature: _____
Please Print



L. Personal Indemnity and Guaranty

“Guarantors” means each Guarantor who signs bellow, jointly and severally. In order to induce “Pontual Money Transfer”, a fictitious name of Pronto Money Transfer, Inc., a California corporation (Company) to enter into or continue to foregoing Agent Trust Agreement and any Attachments with Agent with the reference number specified, whether entered into before or after the date of this Guaranty (collectively, the “Agreement”), Guarantor personally unconditionally guaranties the full performance of the Agreement by Agent/Trustee. Guarantor agrees to indemnify Company against any and all damages, loss, expense, fees, costs (including interest and attorneys’ fees), and liability which Company may sustain by reason of, or related to, any failure by Agent to perform the Agreement. Company may enforce this Indemnity and Guaranty against and Guarantor whether or not Company takes any action against Agent or any other Guarantor. Company may enforce this Indemnity and Guaranty in the City of Los Angeles, California, or in any other court having jurisdiction. Company may change the Agreement without notice to Guarantor and without effect on Guarantor’s liability. Guarantor waives all defenses based on surety ship or impairment of collateral. Guarantor waives any right of subrogation to any of the rights of Company against Agent or any other Guarantor. Each Guarantor guaranties the obligation of each Agent who signed the Agreement and of each Guarantor as to this or any other Agreement with Company. Settlement with any Guarantor does not release any other Guarantor. The Indemnity and Guarantor’s credit, credit reports, and references at any time, including after breach of the Agreement by Agent.

Required Guarantors must sign this Personal Indemnity and Guaranty within 30 days after the date of the Agent Trust Agreement is executed or Company may, at any time, terminate the Agreement immediately by oral or written notice.

ALL OWNERS MUST SIGN AS GUARANTORS

Guarantor’s Signature _____
Print Name _____
Home Address _____

Home Phone Number (____) _____
Date of Birth _____
Social Security Number _____
Dated _____

Guarantor’s Signature _____
Print Name _____
Home Address _____

Home Phone Number (____) _____
Date of Birth _____
Social Security Number _____
Dated _____



M. Certification

Please answer the question below:

- Has the business (i.e., the same proprietorship, or corporation) or any office, director or general partner of the business ever been convicted of any felony under state, federal or foreign law?
Yes No
- Has any other owner (whether an individual, a partnership, or corporation or any officer, director or general partner of any owner ever been convicted of any felony under state, federal or foreign law?
Yes No
- Has the business or any owner ever been bankrupt or refused borrowing?
Yes No

Has any of the following occurred or is pending with respect to the proposed agent, any director or officer of the proposed agent, or any significant subsidiary of the proposed agent?

- Any court or governmental agency has, for any reason, suspended or revoked any license or other authorization or qualification to engage in an profession, occupation, vocation or other business activity;
Yes No
- An application has been made for reorganization, arrangement or other relief under any bankruptcy, reorganization, insolvency or moratorium law;
Yes No
- An application has been made by a third party for the appointment of a receiver, fiscal agent, or similar officer or for other relief of the kind described in paragraph above;
Yes No
- Suffered judgment in any civil action based upon conduct involving fraud or dishonesty or;
Yes No
- Been convicted of, plead nolo contendere or is being charged with, any crime.
Yes No

If yes to any of the questions above, please explain and provide any necessary documentation such as copy of Bankruptcy file including discharges. Use separate sheet if necessary.

All Statement contained in this Application and Financial Statements and other documentation submitted in support of this Application are true and correct. As part of this Application or at any time thereafter, in connection with ongoing application evaluation process, review of activity by applicant or collection of any arising from such activity, permission and authorization is hereby granted to **Pontual Money Transfer** to obtain information from prior employers, trade references, bank, consumer credit services, state and federal government representatives, without regard to whether they are listed herein, regarding business and/or personal credit and other information. The undersigned further agrees that neither **Pontual Money Transfer** nor anyone who has furnished **Pontual Money Transfer** any information, concerning the Business or the undersigned shall be responsible for any losses or damages the Business or the undersigned may claim as resulting from verification, receipt, exchange, or obtaining business and/or personal credit or other business and/or personal information.

Under penalty of perjury, I certify that:

The federal taxpayer identification number shows on this application as the Business Federal Tax ID Number is the correct tax payer identification number of the Business (or I am waiting for a number to be issued to the Business), and (2) the Business is not subject to backup withholding because (a) The Business is exempt from backup withholding or (b) the Business has not been notified by the Internal revenue Service (IRS) that is subject to backup withholding, or (c) the IRS has notified the Business that it is no longer subject to backup withholding.

Applicants
Signature _____ Printed Name _____ Date _____
Its Officer(s), Partner(s), or Owner(s)

Applicants
Signature _____ Printed Name _____ Date _____
Its Officer(s), Partner(s), or Owner(s)



N. ACH and Pre-Authorized Draft Authorization Agreement

1. Client Authorizes Company to initiate credit entries to the account specified bellow.
2. Any entry returned in accordance with the Rules shall be deemed accepted by Client as to amount.
3. Agent warrants that the signature (s) bellow is (are) all the signature (s) necessary to make the Authorization effective as to entries to the account. Company is not liable for any act or omission of any automated clearing house depository, or other person, including the originating depository financial institution. Client will indemnify and hold harmless Company for any and all claims, demands, losses, liabilities or expense, including attorneys; fees and expenses, directly or indirectly resulting or arising out of breach of these warranties and representations.
4. If the automated credit entry is returned through no fault of the Company, the Company will assess a charge of \$40.00 provided, however, that Company will not charge or collect more than it is allowed by law.
5. California law governs. Client means each person who signs bellow. All terms not defined herein are as defined in the Agreement. This Authorization contains the agreement of the parties with respect to the subject matter herein. This Authorization may be amended only in writing signed by both parties.

Depository Name	Branch	City	State	Zip Code
Transit / ABA Number	___ Checking ___ Savings	Account Number		
Business Name (s) (if applicable) (please print)			Phone	
Name exactly as it appears on the account Number				
Signature	Date	Signature	Date	
Name and Title (if applicable) (please print)		Name and Title (please print)		

PLEASE ATTACH A VOIDED CHECK

List of Documents Requested

Please provide a copy of the following documentation:

1. Business license
2. Copy of utility bill for the business
3. Void check or deposit slip from business account
4. For each owner/partner/officer:
 - a. Copies of IDs
 - b. Social Security Card
 - c. Proof of country of citizenship
5. If you are a Corporation - provide a copy of Articles of Incorporation
6. If you are a LLC/LLP -provide copy of Articles of Registration
7. If you are a Partnership, provide a copy of Partnership Agreement.
8. If you are Sole proprietorship, provide a copy of Fictitious Business Name Statement filing.
9. Agent Trust Agreement (signed, but not dated). We will later write the date that agent was actually approved.