

ADDITIONAL COMPANY APPLICATION



SECTION 1: COMPANY INFORMATION To help prevent the funding of terrorism and money laundering activities, Federal law and JPMC policies require us to obtain, verify, and record information that identifies each person who opens an account. In order to comply with these requirements, we will ask for your business name, physical address, and government identification number in order to verify your identity.

Legal Name Of Company To Be Amended To The Agreement County of Indian River – Board of County Commissioners		Business Start / Date of Incorporation 06/29/1925 (MM/DD/YYYY)
Physical Address (No PO Box or Paid Mail Box) 1801 27th St.		Taxpayer ID/EIN 59-6000674
City Vero Beach	State FL	Zip Code 32960
Registered Trade Name (DBA Name)	Primary Contact Cindy Corrente	Telephone Number (with area code) 772-226-1832

BUSINESS TYPE	
Ownership:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Subsidiary of Public Company <input checked="" type="checkbox"/> Other Government
Entity:	<input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Government GOV Website URL http://www.irutilities.com/ <input type="checkbox"/> LLC IF LLC, Taxed As: <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership

Primary source of revenue for the legal entity Water and sewers sales.

If Government Owned or a Non Government Organization what is the primary source of funding? Water and sewer sales.

Does the merchant identify their legal entity as one of the following: Bank, Non-Operating/Asset Holding Company, Fund, None of these?
None of these

State of Formation N/A	Date of Formation	Trading Symbol	Fiscal Year End (MM/DD/YYYY)
Has Merchant Ever Filed For Bankruptcy? No	If, Yes, What Chapter?	Filing Date	Emergence Date
Do The Financials Of The Additional Company Stand Alone Or Consolidated? None of these		If, Consolidated, Indicate Name Of The Company The Financials Are Included In	
What Is The Relationship Between The Additional Company And The Company Which Entered The Agreement? Other Relationship FSL sub merchant			

SECTION 2: OWNER(S) Each Owner Signing Authorizes JPMorgan Chase Bank N.A. And Paymentech, LLC As Part Of This Investigation, To Obtain And Review Third Party Credit Bureau Reports On Such Owner. Ownership details must be provided for each Individual or Legal Entity Owner with a 10% or greater ownership interest.

A Name of Individual/Sole Proprietor or Entity/Parent Company N/A	Corporate Title	SSN/EIN* OR <input type="checkbox"/> Non-US Person
Street Address (Individual/Sole Proprietor use home address) (No PO Box or paid mailbox)		Percentage of Ownership: %
City	State	Zip Code
(if Entity) Is Entity publicly traded? <input type="checkbox"/> No <input type="checkbox"/> Yes		Country of Domicile
Stock Exchange	Ticker Symbol	Telephone #
<p>* For Non-US Persons: Social Security Number, Passport Number and Country of Issuance or other similar identification number may be substituted. Please Note For Canadian Individuals This Number Is Optional</p> <p>Government Issued ID #: Type of ID (ex. Passport): Country of Issuance:</p>		

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B	Name of Individual/Sole Proprietor or Entity/Parent Company	Corporate Title	SSN/EIN* OR <input type="checkbox"/> Non-US Person
N/A			
Street Address (Individual/Sole Proprietor use home address) (No PO Box or paid mailbox)			Percentage of Ownership: %
City	State	Zip Code	Date of Birth
(if Entity) Is Entity publicly traded? <input type="checkbox"/> No <input type="checkbox"/> Yes	Stock Exchange	Ticker Symbol	Country of Domicile
			Telephone #
* For Non-US Persons: Social Security Number, Passport Number and Country of Issuance or other similar identification number may be substituted. Please Note For Canadian Individuals This Number Is Optional			
Government Issued ID #:	Type of ID (ex. Passport):	Country of Issuance:	

Do you have any additional Owners (not listed above) that have 10% or greater ownership, either directly or indirectly?

Yes Owner/Officer Addendum required (Sales Representative will provide) No

NOTE: IF AN ENTITY/PARENT COMPANY IS LISTED IN SECTION 2 ABOVE THAT HAS 10% OR GREATER OWNERSHIP OF THE APPLICANT, IDENTIFY ANY OWNERS (INDIVIDUALS AND/OR ENTITIES) OF THE ENTITY/PARENT COMPANY THAT ULTIMATELY HAVE 10% OR GREATER OWNERSHIP IN THE APPLICANT ON THE ADDITIONAL OWNER/OFFICER ADDENDUM (SALES REPRESENTATIVE WILL PROVIDE)

Controlling Officer – an individual with significant responsibility for managing the legal entity

Name		
N/A		
Street Address (provide home address. No PO Box or paid mailbox)		Country
City	State	Zip Code

1 <input type="checkbox"/> Key Decision Maker i.e. Senior Mgr.	2 <input type="checkbox"/> Chairman	3 <input type="checkbox"/> Chief Executive Officer	4 <input type="checkbox"/> Chief Financial Officer
5 <input type="checkbox"/> Chief Operations Officer	6 <input type="checkbox"/> President	7 <input type="checkbox"/> Other (specify)	
DOB		SSN/EIN*	OR Non-US Person (see below)
Selections (1-7) above require a Date of Birth (DOB) and SSN/EIN* (or if you selected "Non-Profit" in section 1B)			
8 <input type="checkbox"/> Board of Directors (select)		<input type="checkbox"/> Voting	<input type="checkbox"/> Non-Voting

* For Non-US Persons: Social Security Number, Passport Number and Country of Issuance or other similar identification number may be substituted.
For Canadian individuals, this field is optional

Government Issued ID #: Type of ID (ex. Passport): Country of Issuance:

Do you have any additional owners not listed above that have 10% or greater ownership, either directly or indirectly?

Yes Owner/Officer Addendum required (Sales Representative will provide) No

Note: If an Entity/Parent Company is listed above in section 5 that has 10% or greater ownership of the applicant, please identify any owners (Individuals and/or Entities) of that Entity/Parent Company that ultimately have 10% or greater ownership in the applicant on the Additional Owner/Officer Addendum (Sales Representative will provide)

Is there anyone not listed above who has authority to make financial decisions or control company policy on behalf of your business?

Yes Officer/Officer Addendum required (Sales Representative will provide) No

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Authorized Representative

C Name

Bob Solari, Chairman of Indian River County Board of County Commissioners

Street Address (if individual provide home address. No PO Box or paid mailbox)		Country
1801 27th Street		Indian River County
City	State	Zip Code
Vero Beach	Florida	32960

SECTION 3: AUTHORIZED ADMINISTRATOR FOR ACCOUNT BOARDING

AUTHORIZED ADMINISTRATOR FOR PURPOSES OF ACCOUNT BOARDING AND IMPLEMENTATION MEANS AN OWNER, PARTNER, OFFICER, EMPLOYEE OR OTHER AGENT OF THE MERCHANT THAT HAS BEEN APPOINTED BY AN EXECUTIVE OF MERCHANT AND WHO IS DULY AUTHORIZED TO PROVIDE INFORMATION AND EXECUTE DOCUMENTATION ON BEHALF OF AND RELATED TO MERCHANT IN ORDER TO FACILITATE THE INITIAL SET UP OF MERCHANTS'S ACCOUNT WITH CHASE PAYMENTECH. PER CHASE PAYMENTECH POLICY, AUTHORIZED ADMINISTRATORS ARE NOT PERMITTED TO MODIFY THE MERCHANT'S ACCOUNT WITH CHASE PAYMENTECH AFTER COMPLETION OF THE INITIAL SET UP OF MERCHANTS'S ACCOUNT. SUCH CHANGES MUST BE MADE, BY AN EXECUTIVE OR FINANCIAL CONTACT, AS APPLICABLE AND AS THOSE ROLES ARE DEFINED BY MERCHANT.

(Photocopy of signature below is valid for the release of information requested and will remain valid until the termination or expiration of the Merchant Agreement)

Merchant Name (Printed) N/A	Merchant Signature
Merchant Title (Printed):	Date
Telephone Number	Email Address

SECTION 4: CERTIFICATION

I, THE UNDERSIGNED, BEING AN OFFICER/PRINCIPAL OF County of Indian River - Board of County Commissioners REPRESENT AND WARRANT THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE CORRECT AND FACTUAL. JPMORGAN CHASE BANK, N.A ("MEMBER") AND PAYMENTECH, LLC ("PAYMENTECH" OR "CHASE PAYMENTECH") ARE AUTHORIZED TO CONDUCT ANY NECESSARY INVESTIGATION, INCLUDING WITHOUT LIMITATION, AUTHORIZATION FOR A BANK TO RELEASE STANDARD BANKING INFORMATION.

(Photocopy of signature below is valid for the release of information requested and will remain valid until the termination or expiration of the Merchant Agreement)

Merchant Name (Printed) County of Indian River - Board of County Commissioners	Merchant Signature
Merchant Title (Printed): Chairman of Indian River County Board of County Commissioners	Date

**IF THE SIGNER HAS NOT ALREADY PROVIDED IT ABOVE, A RESIDENTIAL ADDRESS IS PREFERRED
IF AVAILABLE (NO PO BOX OR PAID MAILBOX). IF NOT AVAILABLE, BUSINESS ADDRESS IS ACCEPTABLE.**

Street Address	City	State	Zip
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Note: Each Merchant is required to submit a W9 with this application.