



GIROSOL AGENT APPLICATION



Application # 000000000

Agent Number					

Sales Rep. #			

ONE FORM MUST BE COMPLETED BY EACH PERSON THAT SHARES OWNERSHIP OF THE BUSINESS

BUSINESS INFORMATION

BUSINESS NAME		DBA	
BUSINESS LOCATION ADDRESS		CITY, STATE, & ZIP CODE	
TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL	
BUSINESS TYPE: CORPORATION <input type="checkbox"/> LIMITED LIABILITY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/>		FEIN #	SSN #
DATE BUSINESS STARTED	YEARS AT PRESENT ADDRESS	MAIN ACTIVITY OF THE BUSINESS	MAIN CONTACT NAME
LOCATION IS: RENTED <input type="checkbox"/> OWNED <input type="checkbox"/> LEASE <input type="checkbox"/> SUB-LEASE <input type="checkbox"/>	LANDLORD NAME	MONTHLY RENT	LANDLORD PHONE
BUSINESS BANK NAME		CITY	STATE
MONTHLY SALES \$	MONTHLY TRANSACTIONS	SALES REPR. COMMENTS	

ARE YOU CURRENTLY AN AGENT OF GIROSOL OR APPLYING FOR OTHER LOCATIONS?
 NO YES IF YES PROVIDE AGENT NO. _____ No. OF LOCATIONS _____

TYPE OF CONNECTIONS USED
 INTERNET DSL DIAL-UP

ARE YOU CURRENTLY WORKING WITH OTHER MONEY REMITTERS? IF YES, PROVIDE NAMES AND INDICATE FOR HOW LONG
 NO YES _____

HAVE YOU PREVIOUSLY WORKED WITH OTHER MONEY REMITTERS? IF YES, PLEASE PROVIDE NAME AND INDICATE WHEN AND WHY RELATIONSHIP ENDED
 NO YES _____

IS THE BUSINESS CURRENTLY INVOLVED IN ANY KIND OF LITIGATION? IF YES, PLEASE PROVIDE DETAILS
 NO YES _____

DO YOU PROVIDE: 1) CHECK CASHING? NO YES 2) MONEY ORDERS? NO YES 3) STORED VALUE CARDS? NO YES
 IF YES, DO YOU PROVIDE ANY OF THESE SERVICES ON YOUR OWN? NO YES IF YES, PROVIDE COPY OF YOUR "**FINCEN REGISTRATION**"

OWNER PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	NATIONALITY
HOME ADDRESS		CITY, STATE, ZIP CODE	HOME PHONE ()
SOCIAL SECURITY NO.	DATE OF BIRTH	MARITAL STATUS	CELL PHONE ()
IDENTIFICATION TYPE	IDENTIFICATION NUMBER/ISSUED BY	EXPIRATION DATE	% OF BUSINESS OWNED

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN
 NO YES _____

HAVE YOU EVER BEEN INVOLVED IN A CIVIL OR CRIMINAL PROCEEDING IN VIOLATION OF BSA OR MONEY LAUNDERING LAWS? IF YES, PLEASE EXPLAIN
 NO YES _____

TRADE REFERENCES

COMPANY NAME	CONTACT PERSON	TELEPHONE ()	YEARS & KIND OF RELATIONSHIP
COMPANY NAME	CONTACT PERSON	TELEPHONE ()	YEARS & KIND OF RELATIONSHIP

OWNER/OFFICER PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE ()	YEARS & KIND OF RELATIONSHIP
NAME	ADDRESS	TELEPHONE ()	YEARS & KIND OF RELATIONSHIP

NEAREST RELATIVE NOT LIVING WITH APPLICANT

NAME	ADDRESS	TELEPHONE ()	YEARS & KIND OF RELATIONSHIP
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The undersigned represents and warrants, under penalty of perjury, that the information contained herein or submitted herewith is true and complete in all material respect. Further, the undersigned hereby grants to Girosol Corp. and any of its affiliated companies permission to contact any of the parties named herein, and any other sources of information such as, but not limited to, credit reporting agencies, public records databases, prior employers, suppliers, banks, etc. to verify the information provided above by applicant and obtain additional information relevant to this application. The undersigned understands and agrees that in the event that he is approved as an agent he agrees to allow Girosol Corp. and any of its affiliated companies, to periodically and continually contact these sources to determine if there has been any changes in the applicants credit standing.

Signature _____ Name/Title _____ SEND _____

Approved by _____ Name /Title _____