



**CORPORATE INFORMATION**

Name of Corporation: [Redacted] Date of Incorporation: [Redacted]  
 FEIN/Tax ID #: [Redacted] State of Incorporation: [Redacted]  
 Business Average Monthly Income: [Redacted] Average Monthly Deposits [Redacted]  
 Business Address: [Redacted] Type of Corporation: [Redacted]  
 Business License #: [Redacted]

**Company Contact Information**

Business Contact Person: [Redacted]  
 Contact's Direct Phone #: [Redacted] Contact's Email Address: [Redacted]

**Bank/ACH Information**

Account Holder's Name: [Redacted]  
 Account Holder's Physical Address: [Redacted] Account Holder's Phone Number: [Redacted]  
 Account Number: [Redacted]  
 Routing Number: [Redacted]  
 Financial Institution's Name: [Redacted] Financial Institution's Phone: [Redacted]  
 Financial Institution's Address: [Redacted] Financial Institution's Fax: [Redacted]

**Certification**

I, [Redacted] (Name), understand that CannaTrac Technology, Inc. has the right to request more documentation, if necessary, and that my signature on this application in no way constitutes acceptance by CannaTrac Technology, Inc. to the CannaCard platform. Furthermore, I hereby certify, to the best of my knowledge, that the information provided is complete and correct and that I have the authority to sign this application on behalf of [Redacted] (Name of Corporation).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Time: \_\_\_\_\_

**Final Step:** Upon completion of this form, please save your document to your computer and add it as an attachment in an email. Please address the email to Document Collection Department ([documents@cannatrac.com](mailto:documents@cannatrac.com)). Although email is the preferred method of delivery, you can also print out the completed form, with a check for \$495 and mail it to:

**Document Collection Department**  
 CannaTrac Technology, Inc.  
 7804 W. College Drive, Suite 2SW  
 Palos Heights, IL 60463