



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]
DBA (If Applicable):	[Redacted]	Type of Corporation:	[Redacted]
Business Address:	[Redacted]	Business License #:	[Redacted]

Company Contact Information

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

INDIVIDUAL INFORMATION

List of Beneficial Owners

Individual's Name	Date of Birth	SSN	U.S. Citizen?	Y	N	Country of Origin
[Redacted]	[Redacted]	[Redacted]				[Redacted]
[Redacted]	[Redacted]					
Title	Address					
[Redacted]	[Redacted]	[Redacted]				[Redacted]
[Redacted]	[Redacted]					
Title	Address					
[Redacted]	[Redacted]	[Redacted]				[Redacted]
[Redacted]	[Redacted]					
Title	Address					
[Redacted]	[Redacted]	[Redacted]				[Redacted]
[Redacted]	[Redacted]					
Title	Address					



Managing/Controlling Employees

<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	Country of Origin		
<input type="text"/>	<input type="text"/>				
Title	Address				

<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	Country of Origin		
<input type="text"/>	<input type="text"/>				
Title	Address				

<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	Country of Origin		
<input type="text"/>	<input type="text"/>				
Title	Address				

<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	Country of Origin		
<input type="text"/>	<input type="text"/>				
Title	Address				

<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	Country of Origin		
<input type="text"/>	<input type="text"/>				
Title	Address				

Have any of the beneficial owners been convicted of a felony? No Yes

Final Step: Upon completion of this form, please save your document to your computer and add it as an attachment in an email. Please include the applicable documentation listed on Page 3 and address the email to Document Collection Department (documents@cannatrac.com) or print out the completed form, with a check for \$795.00 and mail it to:

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



Please provide the following documents when submitting your application:

1. List of Beneficial Owners and SSN's (10% ownership or more)
2. List of Managing employees and SSN's
3. Personal Tax returns for beneficial owners (2 years)
4. Corporate Tax Returns (2 years – if applicable)
5. Current Profit & Loss
6. Business Plan
7. Operating Plan
8. Articles of Incorporation
9. IRS letter showing FEIN/Tax ID
10. Business License(s)
11. Bank Statement from current financial institution (if applicable)
12. Completed Beneficial Owner Certification Signature Page (Attached)
13. Completed Managing Employee Certification Signature Page (Attached)

**In addition to the documents above, please provide a check in the amount of \$795.00
(made payable to CannaTrac Technology, Inc.).**



Beneficial Owner Certification Signature Page

I, _____ (name of beneficial owner), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of beneficial owner), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of beneficial owner), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of beneficial owner), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of beneficial owner), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____



Managing Employee Certification Signature Page

I, _____ (name of managing employee), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of managing employee), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of managing employee), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of managing employee), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

I, _____ (name of managing employee), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____