



CORPORATE INFORMATION

Name of Corporation:	<input type="text"/>	Date of Incorporation:	<input type="text"/>
FEIN/Tax ID #:	<input type="text"/>	State of Incorporation:	<input type="text"/>
Business Average Monthly Income:	<input type="text"/>	Average Monthly Deposits	<input type="text"/>
DBA (If Applicable):	<input type="text"/>	Type of Corporation:	<input type="text"/>
Business Address:	<input type="text"/>	Business License #:	<input type="text"/>

Company Contact Information

Business Contact Person:

Contact's Direct Phone #: Contact's Email Address:

INDIVIDUAL INFORMATION

List of Beneficial Owners

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	<input type="text"/>	Country of Origin		
<input type="text"/>	<input type="text"/>					
Title	Address					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	<input type="text"/>	Country of Origin		
<input type="text"/>	<input type="text"/>					
Title	Address					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	<input type="text"/>	Country of Origin		
<input type="text"/>	<input type="text"/>					
Title	Address					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Citizen?	Y	N
Individual's Name	Date of Birth	SSN	<input type="text"/>	Country of Origin		
<input type="text"/>	<input type="text"/>					
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 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 with Resumes and SSN's (25% 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)
14. IRS Form W9 (Attached)
15. Bylaws, Minutes, and/or Resolutions authorizing who may open and sign on accounts
16. List of Loans that are currently outstanding and/or loans that were used for startup funds (Loan Documentation will be requested)
17. Facility and/or Location List (Copy of Leases for all locations)
18. Employee Training Outline (Regulatory Training Process must be included)
19. Copy of State Violations and/or Citations and Resolutions (if applicable)
20. Regulatory Audits or Inspections performed for compliance (last 12 months – if applicable)

**In addition to the documents above, please provide a check in the amount of \$3,750.00
(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: _____