



Contractor Application

All information is required. Email the completed application along with a voided check, and owner's driver's license to: newaccounts@okinus.com or fax to 855-582-6162. *If multiple locations, fill out the first section for each location.

Branch Name	Employee Name
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Business Information

Copy this form for additional Owners/Partners

<input type="text"/>	Sole Proprietorship	Partnership	Corporation	Other
Business Name (Legal)	Choose One			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Business Commenced	
Doing Business as (DBA)	<input type="text"/>	Number of Owners		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Primary Contact Name	Primary Contact Title	Primary Contact Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Primary Contact Cell Phone	Primary Business Phone	Primary Business Fax		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Number of Locations	Website			
<input type="text"/>	<input type="text"/>			
Business Address (City, State, Zip Code)				
<input type="text"/>				

Business Owner Information

Copy this form for additional Owners/Partners

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Title	Owner Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner Business Phone	Owner Cell Phone	Owner Driver's License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Social Security # or ITIN	Date of Birth	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please don't forget to send a copy of a voided check from your business checking account so we can ACH the funding to you promptly. You should receive funding within two business days after you send us the four photos to confirm delivery.

By submitting this application, I understand that Okinus, Inc. may verify and underwrite this application.

Owner's Signature	Date
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Number of trucks for the boxes of consumer apply cards