



Convenience ATMs, Inc. 204 East South Street, Suite 6057 Orlando, FL 32801
Phone: 1-877-624-ATMS Fax: 1-866-757-2132 Email: info@convenienceatms.com

Directions for Completing ATM Operator Agreement and/or ATM Source of Funds Provider Declaration Agreement

** the list below is used for "instructions ONLY" in completing the Application on the following page, it does not need to be sent in with the application.

*definitions: ATM Source of Funds Provider = person or business who owns one or more ATMs and who is responsible for funds (cash) being loaded in the ATM
ATM Operator = person responsible for loading ATM with cash

Note: Your application will most likely be denied if you have had a bankruptcy within 7 yrs, have outstanding liens or judgments, have a credit score below 550, or have had a felony conviction. If any of these applies please have a partner or spouse fill out the application. If there isn't anyone to do this for you please contact your Convenience ATMs sales representative for other options.

Section A (this section must be filled out for ALL applications)

1. Name of Location (doing business as)- this is the name of the store/business where the ATM will be located, **not** the name of the ATM business (if you are an operator placing ATMs you will provide this information in section C)
2. Physical Street Address of Location (do not use a PO box)
3. City, state, zip
4. Location Phone number- this is the phone number for the business location or where the processor can reach the owner of the ATM (not the phone line the ATM is using)
5. Business Tax ID number of merchant - if sole proprietor without a separate business tax id number then use sole proprietors social security number, otherwise use the business tax id number
6. Type of business - choose from selection
7. Merchandise/Services Sold- if none as in office bldgs/condo complexes etc leave blank (if ATM is being placed at a marijuana dispensary application will be denied, you must choose an alternate service being sold)
8. Financial Institution Number - unless you are a bank leave this blank

Section B (leave this section blank)

IF SOURCE OF FUNDS IS AN **INDIVIDUAL** FILL OUT SECTION "C" **ONLY**. IF SOURCE IS A **COMPANY** FILL OUT SECTION "D" **ONLY**. IF YOU FILL OUT **BOTH SECTIONS C & D** YOUR APPLICATION WILL BE REJECTED.

Note: (in nearly ALL cases one should fill out section C rather than section D, by filling out section D a thorough background investigation will be completed using the company name, if significant credit history is not present among several other requirements, the application will either be rejected or significant supporting info will be required. Also if you fill out section D instead of section C you will need to provide a copy of the "Articles of Incorporation" with this application)

Section C

11. Applicant First Name
12. Applicant Last Name
13. Applicant **Home** Street Address (do not use a PO box)
14. Applicant City, State, and Zip
15. Applicant personal social security number (*Note: this is required if left blank the application will be denied)
16. Applicant date of birth
17. Applicant home or mobile phone number

Section D

** See note above about completing Section D, note that in most cases supporting documentation is required when this section is used.

****Sign at the bottom under "SIGNATURE OF ATM OPERATOR / SOURCE OF FUNDS PROVIDER"sign on first line**

Print your name: printed name on second line

Title/Date: title and date goes on 3rd line

leave the other sections at the bottom BLANK.... Signature of ATM ISO and Signature of Sponsor Bank sections