

CLIENT INFORMATION FORM

Please complete and return this form via email to info@pacificstocktransfer.com or fax to 702-433-6725

Compa	any Information:				
	Legal Name:				
	Legal Address:				
	Contact/Title:			J	
	Email/Phone:			J	
	Shareholders:	Ticker Symbol:		Market:	
	Incorporation:	State:	Date: _		
	Federal Tax ID:		CUSIP:		
Billing	Information:				
	Address:				
	Contact/Title:			J	
	Email/Phone:			J	
	The Company el	lects for paperless billing sent t	o the email addı	ress above (check the box).	
Legal (Counsel:				
	Name/Firm:				
Non-O		uthorized to receive informatio			
	Name/Title:			/	
iPST O	nline Access:				
	The Company h	ereby requests access to the iPs	ST Online Systen	n (check the box). Unless stated	
	• •	contact listed in Company Infor	-		
Please	also provide the	following documents (Check th	e box if already	provided):	
	A File stamped copy of the Company's Articles of Incorporation and any amendments the				
	• •	A copy of the Company's current by-laws (if applicable);			
	A list of any current/pending litigation involving the Company and/or its officers/directors; and A full list of officers/directors and affiliate status.				
		1 -	RPORATE OFFICE 3 Keith Street, Suite 3	GLOBAL OPERATIONS CENTER 6725 Via Austi Parkway, Suite 300	