

## CLIENT INFORMATION FORM

Please complete and return this form via email to [info@pacificstocktransfer.com](mailto:info@pacificstocktransfer.com) or fax to 702-433-6725

### Company Information:

Legal Business Name: \_\_\_\_\_

Legal Business Address: \_\_\_\_\_

Business Billing Address: (leave blank if same as legal) \_\_\_\_\_

Business Email/Phone: \_\_\_\_\_/\_\_\_\_\_

Domicile State/TIN or EIN: \_\_\_\_\_/\_\_\_\_\_

Stock Class/CUSIP: \_\_\_\_\_/\_\_\_\_\_

Ticker/Market/Shareholders: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Contact Information:

Primary Contact/Title: \_\_\_\_\_/\_\_\_\_\_

Email/Phone: \_\_\_\_\_/\_\_\_\_\_

Billing Contact/Title: \_\_\_\_\_/\_\_\_\_\_

Email/Phone: \_\_\_\_\_/\_\_\_\_\_

Authorized Contact: \_\_\_\_\_/\_\_\_\_\_

Email/Phone: \_\_\_\_\_/\_\_\_\_\_

Counsel Name/Firm: \_\_\_\_\_/\_\_\_\_\_

Email/Phone: \_\_\_\_\_/\_\_\_\_\_

### Optional Services (check the boxes):

- The Company elects for paperless billing sent to the billing email address above.
- The Company hereby requests access to the iPST Online Platform. Unless stated otherwise, the Primary Contact listed in Contact Information will be the administrator.
- The Company would like to join the Auto-pay program for monthly billing and become eligible to receive a 10% discount on monthly maintenance fees.

### Please also provide the following documents (Check the box if already provided):

- A file stamped copy of the Company's Articles of Incorporation and any amendments thereto;
- A copy of the Company's current by-laws (if applicable);
- A full list of officers/directors and affiliate status; and
- A list of any current/pending litigation involving the Company and/or its officers/directors.