

CLIENT INFORMATION FORM

Please complete and return this form via email to 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.