

Application to offer Currency Connection



"Connect to your cash . . . fast!"

For Office Use Only:

EFI No.: _____ ISO No.: C91188 Password: _____

COMPANY INFORMATION:

Company Name: _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone: (_____) _____ Fax: (_____) _____
Other: (_____) _____ E-mail: _____

What product(s) do you intend to offer?: Check Program Card Program Both

ORGANIZATIONAL INFORMATION:

My business is a: Corporation Partnership Sole Proprietor
Number of Offices/Locations Participating: _____ Years in Business: _____ Number of Employees: _____
Name of Owner/Operator: _____ Social Security Number: _____ - _____ - _____
Address of Owner/Operator: _____

This business is regulated by: Federal State Both

BANK INFORMATION (Complete the following if you plan to assess a fee to the customer in connection with your role in Currency Connection) :

Fee you plan to charge for: Check Program (ranges from \$1 to \$5 per payment) \$ _____
Bank Name: _____ City: _____ State: _____
Routing Transit Number (RTN): _____ Account Number: _____
Account Type: Checking Savings

HARDWARE/SOFTWARE INFORMATION (Operating System must be Windows 98 or newer):

Operating System (i.e. Windows 2000, Windows NT, etc...): _____ Do you have a CD-ROM drive?: Yes No
Printer Type: _____ Internet Connection: Dial-up Modem DSL Cable Modem

***Please be advised that a credit analysis will be obtained on any and all principals of your company. Signing this application gives Republic Bank permission to obtain such an analysis. Thank you.

Signature: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Title: _____

Mail to: 601 West Market Street, Louisville, KY 40202

Fax to: 1-866-758-3982