



PLEASE RETURN THIS SIGNED APPLICATION VIA FAX 866-815-3718 OR BY MAIL TO CYPRESS ADVANTAGE, 4013 N. Argonne Road, Spokane, WA 99212, ALONG WITH THE FOLLOWING:

- COMPLETED, SIGNED APPLICATION WITH ALL SECTIONS COMPLETED AND LAST PAGE SIGNED BY OWNERS)/PRINCIPAL(S) OF COMPANY. (Include copy of Drivers License)
- BUSINESS LICENSE & ARTICLES OF INCORPORATION (or Proof of Business Ownership)

**BUSINESS INFORMATION**

Business Legal Name

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Business D.B.A.

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Business Address	City	State	Zip
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Business Contact

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Business Mailing Address	City	State	Zip
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Business Telephone Number

Business Facsimile Number

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Years In Business

How Long at Current Location

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Tax Identification Number

Number of Locations

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Ownership Type

Sole Proprietor                       Partnership                       Corporation

State of Incorporation

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Initials

*Owners and Officers*

Name	Title	Social Security #

Home Address (Street, City, State, Zip)	# of years	Date of Birth	Birth Place

Former Address	City	State	Zip

Drivers License Number	State of Issuance	Home Telephone Number

Name	Title	Social Security #

Home Address (Street, City, State, Zip)	# of years	Date of Birth	Birth Place

Former Address	City	State	Zip

Drivers License Number	State of Issuance	Home Telephone Number

Name	Title	Social Security #

Home Address	City	State	Zip	# of years

Former Address	City	State	Zip

Drivers License Number	State of Issuance	Home Telephone Number

**Attach a list of other owners or officers if applicable**

**Bank Reference**

Bank Address	City	State	Zip

Bank Telephone Number	Contact Person	Account Number

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Initials

**Trade References**

Name	Contact Person	Telephone Number
Name	Contact Person	Telephone Number
Name	Contact Person	Telephone Number
Name	Contact Person	Telephone Number

**Investigative Consumer Report**

An investigative or Consumer Report may be made in connection with this application. Applicant authorizes Automated ATM Solutions, Inc. or any of its agents to investigate the references provided or any other statements or data obtained from Applicant, or any of the undersigned principals or from any other person pertaining to Applicant or any of the undersigned principals credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

**Confidentiality Agreement**

The undersigned acknowledges that Cypress Advantage (“Cypress”) an Automated ATM Solutions, Inc. company has furnished to the undersigned potential Affiliate ("Affiliate") certain proprietary data ("Confidential Information") relating to the business affairs and operations of Cypress for study and evaluation by Affiliate for possibly selling/distributing equipment through Cypress.

It is acknowledged by Affiliate that the information provided by Cypress is confidential; therefore, Affiliate agrees not to disclose it and not to disclose that any discussions or contracts with Cypress have occurred or are intended, other than as provided for in the following paragraph.

It is acknowledged by Affiliate that information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by Affiliate, except as provided in this agreement, may cause serious harm or damage to Cypress, and its owners and officers. Therefore, Affiliate agrees that Affiliate will not use the information furnished for any purpose other than as stated above, and agrees that Affiliate will not either directly or indirectly by agent, employee, or representative, disclose this information, either in whole or in part, to any third party; provided, however that

(a) information furnished may be disclosed only to those directors, officers and employees of Affiliate and to Affiliate's advisors or their representatives who need such information for the purpose of evaluating any possible transaction (it being understood that those directors, officers, employees, advisors and representatives shall be informed by Affiliate of the confidential nature of such information and shall be directed by Affiliate to treat such information confidentially), and (b) any disclosure of information may be made to which Cypress consents in writing. At the request of Cypress, or at conclusion of the working relationship between the two parties, Affiliate will return to Cypress all records, reports, documents, and memoranda furnished and will not make or retain any copy thereof.

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Initials

The undersigned represents that all information contained in this Vendor Application, and any other documentation supplied thereto, is true and correct.

**Principals or Corporate Officers Signatures:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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Initials