



BUSINESS DEPOSIT ACCOUNT- CUSTOMER AGREEMENT

Business Information

Legal name of business: Trade name: Preferred language: SRF #: English French

Business Address: City: Province: Postal code:

Mailing Address: City: Province: Postal code:

Business phone #: Business fax #: Estimated annual sales: Number of employees:

Business structure: Primary function or activity of business: For registered corporations only: Length of time in business/ operation: Operations in other countries: 1.Registration information: 2.Registration information: 3.Place of Registration Issuance:

Business Account Activity

If operating more than two accounts, photocopy this page and attach it to the agreement for the additional accounts

Account #1 Transit #: Account #:

Purpose of account: Anticipated activity: Initial deposit: Will this account be used by or on behalf of a third party?*

Account #2 Transit #: Account #:

Purpose of account: Anticipated activity: Initial deposit: Will this account be used by or on behalf of a third party?*

*A third party is any individual, company or other entity that is not the named account holder(s). Note that employees who process business deposits into their employer's accounts are not considered third parties.

Part A

Business Ownership: Personal Information

Provide names and % ownership/ interest of each individual. If sole proprietor, provide name and indicate 100% ownership

Name:	% Ownership:	Name:	% Ownership:
Name:	% Ownership:	Name:	% Ownership:
Name:	% Ownership:	Name:	% Ownership:

Business Owner's Personal Information & Identification Verification

Enter the personal information of the individual business owners until a minimum of 51% of the business ownership has been accounted for. If more than 2 business owner's information is required to equal 51% or greater of the business ownership, please copy this page and attach to back of this form

1	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #:	Social ins #: <i>Optional</i>	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
Last name:		Middle name:		Date of birth: MM/DD/YYYY	
First name:					
Home address: P.O.Box # / Apt. # / Street City:			Province:	Postal code:	
Email address: <i>Optional</i>					
Home telephone number:		Cell phone number:			
Mandatory identification # <i>Piece 1*</i>	Type of identification:		Place of issuance:		
Mandatory identification # <i>Piece 2*</i>	Type of identification:		Place of issuance:		

Employment Information: *If employed elsewhere*

Occupation:	Employer business name:	Business telephone number:			
2	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #:	Social ins #: <i>Optional</i>	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
Last name:		Middle name:		Date of birth: MM/DD/YYYY	
First name:					
Home address: P.O.Box # / Apt. # / Street City:			Province:	Postal code:	
Email address: <i>Optional</i>					
Home telephone number:		Cell phone number:			
Mandatory identification # <i>Piece 1*</i>	Type of identification:		Place of issuance:		
Mandatory identification # <i>Piece 2*</i>	Type of identification:		Place of issuance:		

Employment Information: *If employed elsewhere*

Occupation:	Employer business name:	Business telephone number:
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*Identification:

Two pieces of identification are required, one piece must be a primary piece. Photo identification is not mandatory but is preferred. Acceptable identification includes: Driver's License, Passport, Citizenship etc. For a complete list, refer to the Business Account ID Chart on RBCnet. Photocopies are not required.

Part B**Signing Officer(s) / Power(s) of Attorney: Personal Information**

Provide personal information and identification verification for additional signing officers to a maximum of 3.

Please note: We are not required to duplicate the information for any owners who are also signing officers, identified in Part A.

1	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #: _____	Social ins #: <i>Optional</i>	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
	Last name: First name:	Middle name: Date of birth:	MM/DD/YYYY		
Home address: P.O.Box # / Apt. # / Street City:		Province:	Postal code:		
Email address: <i>Optional</i>					
Home telephone number:		Cell phone number:			
Mandatory identification # <i>Piece 1*</i>		Type of identification:	Place of issuance:		
Mandatory identification # <i>Piece 2*</i>		Type of identification:	Place of issuance:		

Employment Information: *If employed elsewhere*

Occupation:	Employer business name:	Business telephone number:			
2	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #: _____	Social ins #: <i>Optional</i>	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
	Last name: First name:	Middle name: Date of birth:	MM/DD/YYYY		
Home address: P.O.Box # / Apt. # / Street City:		Province:	Postal code:		
Email address: <i>Optional</i>					
Home telephone number:		Cell phone number:			
Mandatory identification # <i>Piece 1*</i>		Type of identification:	Place of issuance:		
Mandatory identification # <i>Piece 2*</i>		Type of identification:	Place of issuance:		

Employment Information: *If employed elsewhere*

Occupation:	Employer business name:	Business telephone number:			
3	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #: _____	Social ins #: <i>Optional</i>	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
	Last name: First name:	Middle name: Date of birth:	MM/DD/YYYY		
Home address: P.O.Box # / Apt. # / Street City:		Province:	Postal code:		
Email address: <i>Optional</i>					
Home telephone number:		Cell phone number:			
Mandatory identification # <i>Piece 1*</i>		Type of identification:	Place of issuance:		
Mandatory identification # <i>Piece 2*</i>		Type of identification:	Place of issuance:		

Employment Information: *If employed elsewhere*

Occupation:	Employer business name:	Business telephone number:			
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Part C

Additional Involved Parties

Complete if there is an additional party involved. This includes all involved parties as listed below.
Note: we are not required to verify identification in this section.

1	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #: _____	Social ins #: <i>Optional</i> _____	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
	Last name: _____	Date of birth: _____ <i>MM/DD/YYYY</i>			
Role of Involved Party: Select all that apply <input type="checkbox"/> Owner/Shareholder <input type="checkbox"/> Signing Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Third Party <input type="checkbox"/> Business	First name: _____ Middle name: _____	Home address: <i>P.O.Box # / Apt. # / Street</i> _____	City: _____	Province: _____	Postal code: _____
	Email address: <i>Optional</i> _____	Home telephone number: _____	Cell phone number: _____		

2	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #: _____	Social ins #: <i>Optional</i> _____	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
	Last name: _____	Date of birth: _____ <i>MM/DD/YYYY</i>			
Role of Involved Party: Select all that apply <input type="checkbox"/> Owner/Shareholder <input type="checkbox"/> Signing Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Third Party <input type="checkbox"/> Business	First name: _____ Middle name: _____	Home address: <i>P.O.Box # / Apt. # / Street</i> _____	City: _____	Province: _____	Postal code: _____
	Email address: <i>Optional</i> _____	Home telephone number: _____	Cell phone number: _____		

3	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SRF #: _____	Social ins #: <i>Optional</i> _____	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French
	Last name: _____	Date of birth: _____ <i>MM/DD/YYYY</i>			
Role of Involved Party: Select all that apply <input type="checkbox"/> Owner/Shareholder <input type="checkbox"/> Signing Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Third Party <input type="checkbox"/> Business	First name: _____ Middle name: _____	Home address: <i>P.O.Box # / Apt. # / Street</i> _____	City: _____	Province: _____	Postal code: _____
	Email address: <i>Optional</i> _____	Home telephone number: _____	Cell phone number: _____		

In the paragraphs below, "Customer" means the customer identified in the Business Deposit Account - Customer Agreement and "RBC" means Royal Bank of Canada.

Collection and Use of Customer Information

Collecting Customer information

RBC may from time to time collect financial and other information about the Customer such as:

- information about the identity of the Customer (for example, name, address, phone number, date of birth, etc.);
- information related to transactions arising from the Customer's relationship with and through RBC, and from other financial institutions;
- information the Customer provides on an application for any of RBC's products and services; owner's payment history and credit worthiness.
- information for the provision of products and services:
- information about financial behaviour such as the Customer's payment history and credit worthiness.

RBC may collect this information during the course of its relationship with the Customer. RBC may obtain this information from a variety of sources, including from the Customer, from service arrangements the Customer makes with or through RBC, from credit reporting agencies and other financial institutions, and from references the Customer provides to RBC.

The Customer acknowledges receipt of notice that from time to time reports about the Customer may be obtained by RBC from credit reporting agencies.

Using Customer information

RBC may make this information available to its employees, agents and service providers, who are required to maintain the confidentiality of this information. RBC may share this information with other financial institutions upon their request and with persons with whom the Customer has or may have financial or other business dealings. RBC may also give this information to credit reporting agencies who may share it with others. With the Customer's specific consent, RBC may give this information to other persons. This information may only be used and shared for the following purposes:

- to verify the Customer's identity and conduct background investigations;
- to open and operate the Customer's accounts and provide the Customer with products and services the Customer may request; to better understand the Customer's financial situation;
- to determine the Customer's eligibility for products and services RBC offers;
- to help RBC better understand the current and future needs of its clients;
- to help RBC better manage its business and the Customer's relationship with RBC; and
- to let other companies under RBC Financial Group know the Customer's choices under "Other uses of customer personal information", for the sole purpose of honouring those choices.

Where appropriate, if RBC has the Customer's social insurance number, it may use it for tax related purposes and to share it with applicable government agencies, and with credit reporting agencies as an aid to identify the Customer.

Other uses of Customer information

- RBC may use this information to promote its products and services, and those of select third parties, which may be of interest to the Customer.
- RBC may also, where not prohibited by law, share this information with other companies under RBC Financial Group for the purpose of referring the Customer to them or promoting to the Customer products and services, which may be of interest to the Customer. The Customer acknowledges that as a result of such sharing, they may advise RBC of those products or services provided.
- If the Customer also deals with other companies under RBC Financial Group, RBC may, where not prohibited by law, consolidate this information with information they have about the Customer to allow RBC and any of them to manage the Customer's relationship with companies under RBC Financial Group and RBC's business.

The Customer understands that RBC and each company under RBC Financial Group are separate, affiliated corporations. Other companies under RBC Financial Group include RBC's affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services. The Customer may choose not to have this information shared or used for any of these other uses by contacting RBC as set out below. RBC agrees that if the Customer revokes this authorization in the future the Customer may continue to deal with RBC and other company under RBC Financial Group. This authorization is in addition to any other agreements the Customer may have, now or in the future, with any companies under RBC Financial Group.

The Customer's right to access Customer information

The Customer may obtain access to the information RBC holds about the Customer at any time and review its content and accuracy, and have it amended as appropriate. To request access to such information, to ask questions about RBC's privacy policies or to request that the information not be used for any or all of the purposes outlined in Other uses of Customer information, the Customer may do so now or at any time in the future by contacting the branch of account or calling RBC toll free at 1-800 ROYAL@1-1(1-800-769-2511). The Customer may obtain more information about RBC's privacy policies by asking for a copy of RBC's "Straight Talk" brochure about privacy, by calling the toll free number shown above or by visiting RBC's web site at www.rbc.com/privacy.

SRF#

Customer Agreement

Customer Legal Name _____
Name found in the Articles of Incorporation (Incorporated Company) or on the registration (Sole Owner or Partnership)

Trade Name _____
Registered trade name/operating name (typically registered)

Registered Corporation# _____
Only for incorporated or limited companies and found in the articles of incorporation

ACKNOWLEDGEMENT AND REPRESENTATION

The Customer acknowledges receiving a copy of and agreeing to the Royal Bank of Canada Business Service Agreement (the "Service Agreement") which are incorporated by reference to this Agreement. The Customer has read and hereby agrees to the Collection and Use of Information section (of the Customer Agreement - the "Application"). The Customer also represents that all of the information in this Application and this Agreement is true and complete and agrees that it can be relied on by Royal Bank of Canada.

Select One Only:

- For Corporations Only:** The undersigned president or corporate secretary of the Customer certify(ies) that: (a) a banking resolution containing Royal Bank's standard terms in respect of banking and securities, as found in Form A of the Services Agreement, was duly adopted by the Customer's directors and is still in full force and effect and (b) that there are no provisions in Customer's memorandum of association, articles of incorporation or other constating documents (or in any of its by-laws or resolutions or in any unanimous shareholders' agreement) that restrict or limit the Customer's powers (or the powers of the directors on the Customer's behalf) to borrow money; to issue, reissue, sell or pledge debt obligations; to guarantee the obligations of others; to mortgage, charge, hypothecate, pledge or otherwise create a security interest in all or any of the Customer's property now owned or subsequently acquired to secure any obligations of the Customer's (including obligations under a guarantee), present or future; or that restrict or limit the power referred to in the banking resolution to one or more directors, officers or other persons.
- For Partnerships Only:** The Customer agrees to the terms and conditions of the Partnership Agreement incorporated by reference to this Agreement as Form B of the Service Agreement.
- For Sole Ownerships Only:** The Customer agrees to the terms and conditions of the Declaration and Undertaking of Sole Owner incorporated by reference to this Agreement as Form C of the Service Agreement.
- For Association, Society or Lodge:** The undersigned certifies that (a) a banking resolution containing Royal Bank's standard terms in respect of banking and securities, as found in Form D for a borrowing Customer, or Form E for a non-borrowing Customer of the Services Agreement, was duly adopted by the Customer's directors and is still in full force and effect and (b) that it was adopted in accordance with the Customer's by-laws, constating documents, memorandum of association, and all other laws governing the Customer.

Authorized Person(s): The following person(s) is (are) authorized to act on behalf of the Customer.		
<input type="checkbox"/> ANY ONE TO SIGN <i>(Please indicate Names Below)</i>	<input type="checkbox"/> ALL TO SIGN <i>(Please indicate Names Below)</i>	<input type="checkbox"/> OTHER <i>(Please provide specifics in Special Instructions and indicate Names below.)</i>
Special Instructions: <i>(To be completed if 'other' box above is selected.)</i>		
Please PRINT the names of all people authorized to act on / sign on behalf of the Customer below:		
Name:	Name:	
Name:	Name:	
Name:	Name:	

*Executed on behalf of the Customer on this date (month/day/year) _____

Print Name and Sign: <i>Title is only mandatory for a President, Secretary and Partner</i>		
<i>Corporate: Must be signed by the President or Corporate Secretary</i>		
<i>Partnership: Must be signed by all Partners</i>		
<i>Sole owner: Must be signed by the Sole Owner</i>		
<i>Association, Society or Lodge: Must be signed by the President and Secretary</i>		
<i>Community Account: Must be signed by the President and Secretary</i>		
Print name	Title <i>only mandatory for a President, Secretary and Partner</i>	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____