

Legal Entity Authority



Please provide the requested information for the primary account holder and legal entity by completing the forms below. Send the form and supporting documents by mail to:

Standard Mail: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285

Registered/Overnight: Capital One, Attn: 63001-0125, 15000 Capital One Dr, Richmond VA 23238

Authorized Legal Entity Form

Primary Account Holder Information

Full Name

Social Security Number

Physical Address

Bank, Auto Loan and/or Credit Card Account Number (if available)

Legal Entity Information

* Not required if the legal entity is a government entity

Legal Name

Employer Identification Number (EIN)

Legal Structure

- Sole Proprietorship Corporation Partnership Non-Profit Corporation
 Single-Member LLC Multiple-Member LLC Public Funds or Government Agency
 Private Investment Company International Business Corporation Estate or Trust

Physical Address (P.O. Box is not valid)

Mailing Address (if different than physical address)

Phone Number

NAICS Industry Code (See [census.gov/naics](https://www.census.gov/naics))

Year of Entity Formation*

Is your entity headquartered in the U.S.?

- Yes No (please provide country) _____

Is your entity legally formed, incorporated and/or registered in the U.S.?

- Yes No (please provide country) _____

Is your entity primarily based in the U.S.?

Yes No (please provide country) _____

Agent-in-fact Full Name

Authorized individual who will handle daily tasks on the account, such as checking a balance or making payments

Agent-in-fact Date of Birth

Agent-in-fact Phone Number

Agent-in-fact Email Address

Beneficial Ownership Form

This form requires you to provide the name, address, date of birth and Social Security number (or passport number in the case of non-U.S. persons) for the following individuals:

1. An individual who, directly or indirectly, owns 25% or more of the equity interests of the legal entity customer, and
2. An individual with significant responsibility for managing the legal entity customer (e.g., chief executive officer, treasurer, managing partner, etc.)

Name of Legal Entity Customer

Name and title of the individual attesting to this information

Beneficial Owners (if none, please indicate)

* Not required if the legal entity is a publicly traded company or a government entity

Name 1

Date of Birth

Identification No.

Physical Address

Name 2

Date of Birth

Identification No.

Physical Address

Name 3

Date of Birth

Identification No.

Physical Address

Name 4

Date of Birth

Identification No.

Physical Address

Individual with significant responsibility to manage the business

Name

Date of Birth

Identification No.

Physical Address

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ **Date:** _____