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## Payment Credentials Request Form

### 1. AUTHORIZATION

I authorize Exigo Payments, Inc. to issue payment credentials to the person(s) listed below. Furthermore, the individual signing below represents that such individual has the authority to bind Client to this Agreement.

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### 2. NAME AND CONTACT INFORMATION OF PERSON(S) TO RECEIVE PAYMENT CREDENTIALS.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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Approved by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
  
Date: \_\_\_\_\_

After completion, please return to Jay Boyer at [jayb@exigo.com](mailto:jayb@exigo.com). Once we have received this form, payment credentials will be provided to the above.