

# Online Payment Activation Form

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## Legal Entity (only select one answer)

Registered company

Please provide information about your company's ownership structure. Indicate all natural persons who directly or indirectly own more than 25% of or have a controlling interest in the company. Please enter their official place of residence.

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Tax ID Number of business owners

Individual

If you are an individual trader/sole proprietor, only complete the fields for Business Owner 1. Please enter your official place of residence.

## Business Owner 1

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First name Last name Date of birth

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Street and number Zip code, Town Country

## Business Owner 2

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First name Last name Date of birth

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Street and number Zip code, Town Country

## Business Owner 3

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First name Last name Date of birth

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Street and number Zip code, Town Country

## Business Owner 4

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First name Last name Date of birth

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Street and number Zip code, Town Country

## Bank Account

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Account holder Account number IBAN

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Country Routing number

We need your bank details to transfer customer payments to your account.

## ID card scan requirements

Color scan

Machine-readable

Must not be edited

Your ID card scan will be used to verify your account. Please submit it as a jpg or png file.

## Signature

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Location, date Signature

By signing this document, I acknowledge the applicable transaction fee of 2.9% + \$0.30