

## C.O.D. Enhancement Programs Enrollment and Authorization Form



In order to participate in any one or more of the C.O.D. Direct<sup>SM</sup> Program, C.O.D. Automatic<sup>®</sup> Program, C.O.D. Secure<sup>®</sup> Program, or C.O.D. Delayed Deposit Program (each a "Program" and together, the "Programs") offered by UPS Capital Trade Protection Services, Inc. ("UPS Capital"), please (1) complete, sign, and date this Enrollment and Authorization Form (the "Enrollment Form") and (2) deliver this Enrollment Form and a copy of your voided check ("starter" checks are not acceptable) or a signed letter from your bank written on bank letterhead verifying account name, your routing number and account number and that the account is eligible for ACH debits as well as credits (not blocked or a UPIC account) to us (a) via fax at 866.459.1467 or (b) scanned and sent via email to [coddirect@ups.com](mailto:coddirect@ups.com). Failure to provide such documents or issues with verification may cause a delay in processing your request. UPS Capital, in its sole discretion, will determine whether you have been accepted into the selected Program(s) and will notify you of its decision. By submitting this form, you acknowledge that you have received a copy of the Terms and Conditions applicable to each Program selected as in effect on the date set forth below and as may be amended by the Applicable Terms Addendum ("ATA") thereto (such Terms and Conditions, together with any exhibits, the ATA and any other applicable addenda thereto, and this Enrollment Form shall constitute the "Agreement") and you agree that, if your enrollment in the selected Program(s) is accepted by UPS Capital, your participation in the Program(s) will be governed, and you agree to be bound, by the terms of such Agreement, as amended from time to time according to its terms. Your enrollment in any Program constitutes your agreement to accept the delivery of Program-related documents (including applicable Terms & Conditions) via electronic means, including via email to the most recent email address provided by you or by posting such changes on our website at [http://www.upscapital.com/solutions/cod\\_direct.html](http://www.upscapital.com/solutions/cod_direct.html) (for the C.O.D. Direct Program) or [http://www.upscapital.com/solutions/cod\\_enhancement\\_services.html](http://www.upscapital.com/solutions/cod_enhancement_services.html) (for the C.O.D. Automatic Program, C.O.D. Secure Program, or C.O.D. Delayed Deposit Program).

Participants already enrolled in a Program(s) may add a new Program, new shipper numbers or a d/b/a of an entity already participating in the Program(s) or delete a Program by completing a Program Information Change ("PIC") Form. A PIC Form must be signed by at least one (1) legal entity to this Enrollment Form and will jointly and severally bind all legal entities party to this Enrollment Form. Addition of a new shipper entity or a change to the legal identity of a shipper participating in the Program(s), will require the completion of a new Enrollment Form. To request a PIC Form or if you have any questions about enrollment in the Program(s), please call UPS Capital at 1-877-263-8772.

Please complete all sections including Appendix I: Banking Information, Appendix II: C.O.D. Information by Location Form (a separate form must be completed for each of your locations from which C.O.D. shipments will be made) and Appendix A.

<b>Program(s) Applying For:</b>			
<input type="checkbox"/> C.O.D. Automatic		<input type="checkbox"/> C.O.D. Secure	
<input checked="" type="checkbox"/> C.O.D. Direct		<input type="checkbox"/> C.O.D. Delayed Deposit	
<b>Company Information:</b>			
Legal Name of Company (Primary Shipper)		Federal Tax ID #	
Prior Legal Name(s) of the Company		State of Incorporation/organization	
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Trust
Primary Shipper's Shipper Number(s)			
Does your Company have a website or social media site? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the website or social media site below:	
Are you a carrier, fulfillment center or distribution center for other businesses?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
County			
Contact Person Name		Contact Person Title	
Phone	Fax	Email	
Years in Business		My UPS ID (required ONLY for C.O.D. Delayed Deposit participants)	
<b>Beneficial Owner Information:</b>			
Please complete Appendix A attached hereto.			

<b>FOR INTERNAL USE ONLY</b>
<b>CPP Number:</b>

<b>Additional Shippers (If a customer's check will be made payable to any name other than the legal Company name provided above, identify those names here):</b>			
Name of Additional Shipper	Check the box to indicate whether this is a dba/trade name of the Company or a different legal entity	If a different legal entity, provide Federal ID # , State of Incorporation/Organization and Type of Business	Provide any additional Shipper Numbers of such entity:
	<input type="checkbox"/> dba/trade name <input type="checkbox"/> legal entity		
	<input type="checkbox"/> dba/trade name <input type="checkbox"/> legal entity		
	<input type="checkbox"/> dba/trade name <input type="checkbox"/> legal entity		
*** References to "Company", "you" or "your" anywhere in the Agreement include and refer to all legal entities named above and each is a party to and will be bound by the Agreement.			
<b>Company's Business:</b>			
Check the box that most closely describes the nature of your business:			
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale Sales	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Other, please specify:
Please describe your customer mix:			
Repeat customers: _____%			
One-time customers: _____%			
<b>Total: 100%</b>			
<b>Has the Company or a subsidiary or affiliate of the Company ever applied for enrollment in any C.O.D. enhancement program (C.O.D. Direct, C.O.D. Automatic, C.O.D. Secure, or C.O.D. Delayed Deposit) offered by UPS Capital or any of its affiliates? If yes, please indicate if the application was denied and the reason(s) for denial.</b>			
<input type="checkbox"/> Yes. Reason(s) for denial (if any): _____			
<input type="checkbox"/> No.			
How did you become aware of the UPS Capital C.O.D. enhancement programs?			
_____			
<b>Additional Information:</b>			
Describe your current processes and criteria for accepting a customer check for a UPS® C.O.D. shipment:			
_____			
_____			
If you begin using one of the C.O.D. Programs, do you expect these procedures to change? If Yes, please explain how below:			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
_____			
Do you require that C.O.D. deliveries be made only to the customer's primary place of business?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
If no, please explain:			
_____			
_____			
What is your return policy?			
_____			
_____			
<b>List all commodities that will be shipped UPS C.O.D. (This section <u>MUST</u> be completed. Please be as specific as possible and list commodities that will be shipped from all Company locations):</b>			
_____			
_____			
_____			

**DISCLOSURE NOTICE**

To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act, a Federal law, requires all financial institutions to obtain, verify, and record information that identifies each person and each legal entity that opens an account. **What this means for you:** When you or your firm open an account, we will ask for some basic information that will allow us to identify you. If you are opening an account on behalf of a business entity, documents relating to its formation, existence and authority may also be requested.

## Some Programs May Involve an Extension of Credit

The Programs may involve the advancement of funds for anticipated C.O.D. receipts. You authorize UPS Capital and/or its agents ("we" or "us") to investigate and verify, in any way we choose, any or all of the foregoing statements, and your creditworthiness and financial responsibility generally. In this regard, you further grant to us the right to procure any and all credit reports pertaining to you and specifically instruct any credit reporting agency (commercial or consumer) to provide any such credit reports which we may request in reference to you prior to or at any time during your participation in any of the Programs. If your enrollment in any Program is denied for credit reasons, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact UPS Capital Trade Protection Services, Inc. at 425 Day Hill Road, Windsor, Connecticut 06095, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

### Comments

Please add any comments or additional information that you believe is important for UPS Capital to utilize in considering your request to enroll in the Program(s) selected above.

---

---

This Enrollment Form is your application for participation in one or more of the Programs. We are relying on the information provided by you in furnishing any terms or service to you and you agree to promptly notify us of any change in the information you have provided to us. This Enrollment Form and the information provided by you herein shall be incorporated by this reference into the Terms and Conditions applicable to the Program(s) selected above. After reviewing this Enrollment Form, we may provide to you an ATA, which shall set forth the service fees and liability or transfer limits (if applicable) that will apply to your participation in the Program(s). We reserve the right to modify and/or withdraw our offer to you based upon additional information arising out of the confirmation of the details of your business. The Programs (or any of them) may not be available in all geographic areas.

**The terms of the ATA will be available to you for the thirty (30) calendar days following our communication to you and will be subject to your acceptance. If you do not execute and return to us the ATA within thirty (30) days after our communication of such ATA to you, our offer to you will be automatically withdrawn and any future consideration by us of your Program eligibility will require that you submit a new Enrollment and Authorization Form.**

If you qualify and participate in the Program(s) selected above, our obligations to you under the Agreement with you are void if you make a false statement herein, or otherwise provide to us any statement that is false or if you omit any information which would make any statement made to us herein false or otherwise misleading.

## Authorization

This Authorization is issued in connection with the participation of the Company in the Program. The Company hereby authorizes UPS Capital to (i) endorse checks payable to, or to the order of, the Company (or any trade name of the Company), which checks are in payment for Collect on Delivery (C.O.D.) shipments made by the Company to consignees via United Parcel Service, Inc. and/or any of its affiliates (individually and collectively, "UPS"), (ii) deposit such checks to a bank account established by UPS Capital (the "Program Account") at a U.S. financial institution of its choice (the "Bank"), and (iii) at its option, but without any obligation to do so, verify the Company Bank Account (as defined below) information provided herein, including through phone calls to or correspondence with the Company's bank. Without inquiry and without responsibility to the Company, the Bank may follow any instruction of UPS Capital regarding any items related to the Program payable to, or to the order of, the Company (or any trade name of the Company). Unless otherwise instructed by UPS Capital, the Bank shall deposit all such checks after endorsement to the Program Account and the Company hereby authorizes UPS Capital to initiate credit or debit entries to the Company's bank account identified on Appendix I (Banking Information) hereto (the "Company Bank Account") under the terms of and in accordance with the Agreement.

The Company authorizes and instructs its bank to follow the instructions of UPS Capital, regarding the debit or credit of funds to or from the Company Bank Account. The Company agrees to promptly (but in no case less than 10 days prior to the effective date of any change) notify UPS Capital in writing, at 425 Day Hill Road, Windsor, Connecticut 06095, ATTN: C.O.D. Customer Service, of any changes to the Company Bank Account information provided below and to provide a voided check or a signed letter from your bank written on bank letterhead verifying account name, your routing number and account number and that the account is eligible for ACH debits as well as credits (not blocked or a UPIC account) from the new account. The Company hereby authorizes UPS Capital to credit or debit such new account in accordance with the terms of the Agreement and any successor bank of the Company to follow the instructions of UPS Capital or the Bank, as UPS Capital's agent, regarding such credits or debits, in each case without notice to or further consent or instruction from the Company. The Company further acknowledges that the origination of ACH transactions to the Company Bank Account must comply with all applicable provisions of U.S. law and with the NACHA Operating Rules (available at [www.nacha.org](http://www.nacha.org)). This Authorization is to remain in full force and effect unless and until UPS Capital has received written notification, at the address provided above, of termination of the Authorization from the Company in such time and manner as to afford UPS Capital a reasonable opportunity to act on the notification. Your participation in the Program will automatically terminate upon our receipt of your notice of termination of this Authorization.

The individual(s) signing below hereby represents that he or she has the full power and authority to execute and deliver this Enrollment Form on behalf of each and every entity on behalf of whom the individual signs. This Enrollment Form, along with the Program Terms and Conditions including the ATA and all other applicable addenda thereto, will be a valid and binding obligation of the Company enforceable in accordance with their terms. If you listed additional legal entities on page one of this Enrollment Form, each such entity must sign below and shall be jointly and severally liable for any and all obligations of the Company hereunder.

COMPANY NAME: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

COMPANY NAME: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

COMPANY NAME: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**Appendix I**  
**Banking Information**

<b>If applicable, please provide alternate mailing address for return checks (NSF) and notices:</b>
_____
(Attention) _____
Address _____ City / State _____ Zip _____

For **each** Company Account to be utilized under the Program(s), please attach a VOIDED check ("starter" checks are not acceptable) below or attach a letter from your bank on bank letterhead verifying account name, the routing number and account number and that the account is eligible for ACH debits as well as credits (not blocked or a UPIC account). Failure to provide such documents or issues with verification may cause a delay in processing your request. This page may be duplicated if more than one Company Account will be utilized.

Account Type:    Checking       Savings      The bank account provided must be eligible to accept both ACH credits and debits.

Name of Company/Account Owner: \_\_\_\_\_

Bank Name: \_\_\_\_\_

ABA / Routing Number: \_\_\_\_\_      Account Number: \_\_\_\_\_

Bank Phone: \_\_\_\_\_      Bank Contact: \_\_\_\_\_

List all UPS shipper numbers that will utilize this Bank Account (please separate multiple numbers with a comma. Ex. 000831, 000111):

\_\_\_\_\_

<p><b>Attach One of the Following Here:</b></p> <p><b>Voided Check ("Starter" check is not acceptable); or</b></p> <p><b>Signed letter from your Bank written on Bank Letterhead verifying account name, routing number and account number and that the account is eligible for ACH debits as well as credits (not blocked or a UPIC account)</b></p> <p><b>***Failure to provide one of these methods of deposit verification or issues with verification may cause a delay in processing your request</b></p>
---

**Statement Delivery Information**

Email statements to: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

<b>FOR INTERNAL USE ONLY</b>
CPP Number: _____

## Appendix II C.O.D. Information by Location

*(This Appendix II is NOT Required if Enrolling ONLY in C.O.D. Direct)*

PLEASE COMPLETE A SEPARATE FORM FOR EACH COMPANY LOCATION FROM WHICH C.O.D. SHIPMENTS WILL BE MADE.

Local Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

UPS Shipper Number: \_\_\_\_\_

Average dollar value of C.O.D. shipments from all shipper numbers that will be participating in the Program:			
<b>Annual UPS C.O.D. Values:</b> (Current UPS Activity, only)	\$	<b>Annual UPS C.O.D. Packages:</b> (Current UPS Activity, only)	
<b>Annual C.O.D. Values:</b> (Activity with other carriers; Supporting details MUST be provided)	\$	<b>Annual C.O.D. Packages:</b> (Activity with other carriers; Supporting details MUST be provided)	
<b>Total C.O.D. Values:</b>	\$	<b>Total C.O.D. Packages:</b>	
Describe the Transportation service levels used for your C.O.D. Shipping:			
Service Level	Percentage of total C.O.D. shipping		
Ground:	%		
Next Day Air:	%		
Second Day Air:	%		
Three Day Select:	%		
<b>Total:</b>	<b>%</b>		
<b>Most Common Reason for Shipping UPS C.O.D. (Please segment your C.O.D. shipments to fit the following):</b>  Failed credit check _____ % Unfavorable credit experience _____ % Do not accept credit cards _____ % We don't offer credit terms _____ % Customer request _____ % Other (Please describe below.) _____ % <b>Total: 100%</b>	<b>Prior to permitting a customer to order on a C.O.D. basis, do you normally (Please check all that apply):</b>  <input type="checkbox"/> Obtain a valid credit card number <input type="checkbox"/> Verify the customer's telephone number <input type="checkbox"/> Obtain a valid driver's license <input type="checkbox"/> Other, please specify: _____		
<b>Of your total UPS C.O.D. shipping, what will be your split between commercial and residential business?</b> Commercial addresses _____ % Residential addresses _____ %			
<b>To what types of businesses will you ship UPS C.O.D.? (Check all that apply)</b>  <input type="checkbox"/> Distributors/Warehouses <input type="checkbox"/> Fairs <input type="checkbox"/> Flea markets <input type="checkbox"/> Individuals <input type="checkbox"/> Retailers <input type="checkbox"/> Other _____	<b>What size is your C.O.D. customer base?</b>  Small business, estimated revenue less than \$10 million _____ % Medium business, \$10 million - \$50 million _____ % Large business, estimated revenue over \$50 million _____ %		
<b>How do you market your products and attract customers? (Check all that apply)</b> <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Direct Mail <input type="checkbox"/> Telemarketing <input type="checkbox"/> Internet <input type="checkbox"/> Other, please specify: _____			

**FOR INTERNAL USE ONLY**

CPP Number: \_\_\_\_\_

## **APPENDIX A TO § 1010.230**

### **Certification Regarding Beneficial Owners of Legal Entity Customers**

#### **I. GENERAL INSTRUCTIONS**

##### **What is this form?**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

##### **Who has to complete this form?**

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

##### **What information do I have to provide?**

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

## II. CERTIFICATION OF BENEFICIAL OWNER(S)

### Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

<b>Name:</b>
<b>Title:</b>

b. Name and Address of Legal Entity for Which the Account is being Opened:

<b>Name:</b>
<b>Address:</b>

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address: Complete Residential Street Address (including City, State and Zip)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number <sup>1</sup>

*(If no individual meets this definition, please write "Not Applicable.")*

<sup>1</sup> In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.  
(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address: Complete Residential Street Address (including City, State and Zip)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number <sup>1</sup>

<sup>1</sup> In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



I, \_\_\_\_\_ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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