



Know Your Customer Form

Please complete this form in its entirety

If a field below does not apply to you, please put N/A

| | | | |
|--|---|----------------------------------|-------------------|
| Customer Name | | | |
| DBA/Other Trade Name(s), Holding Co., Etc | | | |
| Entity Type | <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Non Profit <input type="checkbox"/> Other: | | |
| Use of Services | <input type="checkbox"/> Resell <input type="checkbox"/> Non Resell <input type="checkbox"/> Both | | |
| Business Description <i>(Provider Type)</i> | <input type="checkbox"/> VOIP <input type="checkbox"/> Hosted PBX <input type="checkbox"/> Conference Call <input type="checkbox"/> Call/ Contact Center <input type="checkbox"/> Other <i>(please describe):</i> | | |
| Address <i>(Headquarters or Main Location)</i> | Address 1: | | Address 2: |
| | City: | State: Country: | Zip: |
| Main Telephone No: | Fax Number: | Website URL: | |
| State of Incorporation: | Year Incorporated: | Years In Business: | |
| FCC Registration No.: | FCC Registration Name <i>(if differs from Customer Name)</i> | | |
| FCC 499 File ID No: | Name of Entity w/499 Filer ID <i>(if differs from Company Name)</i> | | |
| Federal Tax ID No (FEIN): <i>(Non-USA customer include your country tax ID)</i> | | | |
| If registered with the RoboCall Mitigation Database please provide a link: Website: https://fccprod.servicenowservices.com/rmd?id=rmd_welcome | | | |
| Your Company Link: | | | |
| Do you have a Subscription Account Number for accessing the National Do Not Call Registry? <input type="checkbox"/> NO <input type="checkbox"/> YES, please provide Account Number: | | | |

| |
|--|
| <p>Does your business have any certifications that permit or allow pre-recorded messages to be delivered to your customer base?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, <i>please attached copy of certificate</i></p> |
| <p>Does your company initiate or transport robocalls/autodialed calls within, to or from the United States?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> |
| <p>Is your Company a voice service provider (including a foreign voice service provider), as defined in §64.6300(d), and/or an intermediate provider as defined in §64.1600(i) of the FCC rules? (The type of provider is determined on a call-by-call basis, so your company could be both a voice service provider and an intermediate provider.)</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> |
| |

Customer will comply with all applicable laws, statutes, rules and regulations including, but not limited to, the Telephone Consumer Protection Act (TCPA), codified at 47 U.S.C. 227, the FCC’s Rules Implementing the TCPA, codified at 47 CFR § 64.1200, *et. seq.*, and the Telemarketing Sales Rule (TSR), codified at 16 CFR 310.

An electronic copy of these documents will be provided to Customer upon request. DIALZEROS , LLC (“DIALZEROS ”) may deny or terminate service to Customer without notice for incorrect or false responses to this document. Customer will indemnify and hold harmless DIALZEROS and its affiliates, officers, agents and employees from and against any claims, losses, penalties, fines and/or damages that DIALZEROS incurs due to Customer’s violation of the TCPA, TSR and other applicable laws, rules and regulations.

Customer affirms and certifies that all information and answers to questions herein are complete, true and correct to the best of signatory’s knowledge and belief. DIALZEROS LLC retains the right to deny credit or close the account whenever it deems necessary. It is understood and agreed that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as credit reporting agencies, business associates, financial sources, or others with whom the applicant is acquainted. This investigation is not limited to the references listed in this application. This inquiry may include information as to the applicant's capacity, general credit reputation, business character, and other information we deem necessary to make a sound credit decision.

The signatory below represents and warrants that he/she has full capacity and authority to sign on behalf of customer.

| | |
|----------------------|--|
| Customer Name | |
| Signature | |
| Printed Name | |
| Title | |
| Date | |