

# Online Payment Activation Form



Shore.com, Inc. (U.S.), 5999 Center Drive Suite #100, Los Angeles, CA 90045, phone +1.424.342.8890, email [service@shore.com](mailto:service@shore.com)

Dear customer,

It's great to see that you want to start collecting online payments! To activate the feature, we only need a few more details from you. Please scan and send us the following documents to [service@shore.com](mailto:service@shore.com).



## Is your business a registered company?

- » The form "Online Payment Activation for Registered Companies" on page 2
- » The ID card (front and back) or passport of one business owner
- » An official address document (if not stated on your ID)



## Are you a sole proprietor or freelancer?

- » The form "Online Payment Activation for Sole Proprietors/Freelancers" on page 3
- » Your ID card (front and back) or passport
- » An official address document (if not stated on your ID)

## Requirements for scanned documents

### ID card or passport

Your ID card scan will be used to verify your account. Please make sure the scan fulfills the following requirements:

- » Color scan
- » JPG or PNG file
- » Legible
- » Must not have been edited

### Further documents

Please send us all other required documents as PDF files.

# Online Payment Activation for Registered Companies



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## Information about the business

Company name	Tax ID	Company registration number
Street and number	City, state and ZIP code	Country
Website (if applicable)	Phone	

## Information about the business owners

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.

### Business owner 1

First name	Last name	Date of birth
Street and number	City, state and ZIP code	Last four digits of your Social Security number
Phone	Email	

### Business owner 2

First name	Last name	Date of birth
Street and number	City, state and ZIP code	Last four digits of your Social Security number
Phone	Email	

### Business owner 3

First name	Last name	Date of birth
Street and number	City, state and ZIP code	Last four digits of your Social Security number
Phone	Email	

## Bank account

Please enter your bank details to transfer customer payments to your account.

Name of the bank	Account holder	
Account number	Routing number	Country

## Signature

Location, date	Signature
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By signing this document, I acknowledge and accept the transaction fees of 2.9% + \$0.30

# Online Payment Activation for Sole Proprietors/Freelancers



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## Information about the business owner

Please complete all fields and enter your official place of residence.

First name	Last name	Date of birth
Street and number	City, state and ZIP code	Last four digits of your Social Security number
Tax ID	Phone	Email
Website (if applicable)		

## Bank account

Please enter your bank details to transfer customer payments to your account.

Name of the bank	Account holder	
Account number	Routing number	Country

## Signature

Location, date	Signature
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By signing this document, I acknowledge and accept the transaction fees of 2.9% + \$0.30