

**EXHIBIT 10**

**ENTREX CAPITAL MARKET KNOW YOUR CUSTOMER FORM**

**To Our New Customers:**

In order to comply with the Patriot Act of 2001 and *Know Your Customer* guidelines established therein by the Federal Reserve Bank, Entrex Capital Market is required to obtain certain information and documentation about you and your Company prior to establishing a business relationship. Please fill-in the blanks below and attach the items requested. If you have questions, you may contact Stephen H. Watkins at 954-856-6659 or at [SWatkins@EntrexCapitalMarket.com](mailto:SWatkins@EntrexCapitalMarket.com). We appreciate your cooperation and look forward to a mutually beneficial business relationship with you.

**SECTION I: GENERAL INFORMATION**

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date and Place of Formation: \_\_\_\_\_ State: \_\_\_\_\_

Organizational Structure:     Corporation         Partnership         Government Entity

Bank     Limited Liability Company     Trust     Other: \_\_\_\_\_

Key business locations/primary trade areas:

\_\_\_\_\_

Major customers/suppliers:

\_\_\_\_\_

Important investments and/or patents/inventions:

\_\_\_\_\_

Number of employees/locations and/or market share:

\_\_\_\_\_

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Source of Capitalization and/or Funding to date:

Name and positions of important persons with authority or control (Principal Officers and Directors):

Name	Title	Social Security No.	Date of Birth	Address

Name and title of significant owners (shareholders, partners, beneficial owners, etc.):

Name	Title	Ownership %

Ownership:  Private  Public If Public, list ticker symbol: \_\_\_\_\_

Please list subsidiaries or affiliates under common control or ownership (attach additional sheet if necessary):

Name	Address

## SECTION II: FINANCIAL INFORMATION

Financial Statement Data:

3 Year Historical Financials

Current Financials

3 Year Projected Financials

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Anticipated Post Closing Balance Sheet

Sources and Uses of Funds.

Tax Information:

Tax Status:      Domestic (US)                    Foreign (Non-US)                    Foreign (US-Branch)

US Taxpayer Identification Number (TIN): \_\_\_\_\_

**SECTION III: BANKING RELATIONSHIPS**

List current bank account information: (attach additional sheet if necessary)

Account Name	Account Type (Checking, Loan)	Account Number

**REQUIRED DOCUMENTS:**

1. W9/W8-BEN
2. Incumbency Certificate/List of Authorized signers

**IN ADDITION, PLEASE ATTACH COPIES OF TWO OF THE FOLLOWING DOCUMENTS:**

1. Articles of Incorporation, Articles of Organization, Partnership Agreement or similar document.
2. Tax Return
3. Partnership Agreement
4. 10K or other information from SEC or any SRO web site
5. Copies of any state or federal licenses required for conducting your business.