

Agent Name : \_\_\_\_\_

DATE : \_\_\_\_\_

**PLEASE FAX OR EMAIL A COPY OF YOUR BUSINESS LICENSE**

<p><b>Business Location Name/DBA:</b> (PO BOX NOT ACCEPTED)</p> <p>(Monthly statement will be mailed here unless otherwise indicated)</p>	<p>Name _____</p> <p>Address _____</p> <p>City/St/Zip _____</p> <p>Phone _____</p> <p>Email _____</p> <p>Business Hours : am - : pm _____</p> <p>Web site: www. _____</p>
<p><b>Legal Business Name:</b> (If legal is different than above)</p> <p><b>Business Type:</b></p>	<p>Name _____</p> <p>Address _____</p> <p>City/St/Zip _____</p> <p> <input type="checkbox"/> Sole Proprietor    <input type="checkbox"/> Partnership    <input type="checkbox"/> Non-Public Corp.  <input type="checkbox"/> Non-Profit        <input type="checkbox"/> LLC                    <input type="checkbox"/> Public Corp         </p>
<p><b>Date Business Established:</b> <b>Percentage of Ownership:</b> <b>Federal Tax Identification:</b></p>	<p>Month ____ Day ____ Year ____</p> <p>____ %</p> <p>EIN# _____</p>
<p><b>Principal's Information:</b> (PO BOX NOT ACCEPTED)</p> <p>Auto Settle?                    Yes    No Tip Line on receipt?        Yes    No</p>	<p>Legal Name _____</p> <p>Address _____</p> <p>City/St/Zip _____</p> <p>SS# _____</p> <p>Date of Birth _____</p> <p>Driver's License # _____</p>
<p><b>Deposit Bank Information:</b> (This is the account where funds will be deposited)</p> <p><b>BANK NAME</b> <b>BANK PHONE NUMBER</b> <b>ROUTING NUMBER</b> <b>COMPANY NAME ON CHECK</b></p>	<p><b>PLEASE PROVIDE:</b></p> <p> <input type="checkbox"/> Copy of Voided Check  <input type="checkbox"/> Copy of Personal Driver's License  <input type="checkbox"/> Copy of Business License                  (If not available, account exec will obtain)             </p>

I certify that all statements herein are true and correct to the best of my knowledge.

Name of Applicant : \_\_\_\_\_

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

Signature of Applicant : \_\_\_\_\_