



MEMBERSHIP APPLICATION



PO BOX 33130 TULSA, OK. 74153 (918) 628-1929 FAX (918) 619-6877

DBA Name:		Bus. Phone:	()
Legal Name:		Home Phone:	()
Mailing Address:		Mobile Phone:	()
City/State/Zip:		Fax #:	()
Street Address:		<small>(updates & notifications)</small>	
City/State/Zip:		E-Mail	
Contact Person:		Web Site: www.	
Directory Description:		EIN or SS# <small>(For 1099-B)(W-9 Required)</small>	
		I CERTIFY THAT THE TAX IDENTIFICATION NUMBER PROVIDED IS CORRECT, THAT I AM NOT SUBJECT TO BACKUP WITHHOLDING DUE TO FAILURE TO REPORT INTEREST AND DIVIDEND INCOME, AND I AM A U.S. PERSON, AS DEFINED IN TAX REGULATIONS. X _____ <small>(Please Initial)</small>	

Fees	Transaction Fee On Purchases	Monthly Accounting Fee	Requested Credit Line	Minimum Trade Balance Before Standby \$3,000.00	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/ LLP
Membership \$ 295 Cash	<input type="checkbox"/> 10% AUTOPAY + \$7 CASH \$7 BARTER		\$100 \$300	<input type="checkbox"/> Visa <input type="checkbox"/> MC Expiration Date ____/____	CC# _____ Credit or Debit Card Automatic Debit will be done on 10th of month following charges.
Annual Renewal \$100 Trade			\$500 \$1,000 \$ _____		

By signing this Application, the Authorized Officer designated herein and the Company (A) Request that an account be opened in the name of the Company, (B) Agree to be liable for all charges to the account made by all signers on the account, (C) Agree to be bound by the terms and conditions of Business Exchange Rules and Regulations now in effect, or hereby adopted or amended, governing the use of the account. The Business Exchange Rules and Regulations are posted on the web site. Membership will be activated when (A) Membership Fee is paid, (B) Completed Application is signed by the applicant, and (C) Completed Application is signed by an authorized officer of Business Exchange.®

FOR OFFICE USE ONLY

Type of Account: ☐ Regular ☐ Sub-Account ☐ IC ☐ Other

Account #: - Pin #:

Area: Broker:

Approved Line Of Credit:

Referred By:

X

Member Applicant Signature / Title Date

Please Print Applicant's Name

Account Executive Date

Area Director Date

Business Exchange® Corporate Officer Date