



# 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:			E-Mail		
City/State/Zip:			Web Site:	www. _____	
Contact Person:			EIN or SS#		
Directory Description:			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. (Please Initial)		
Fees	Transaction Fee On Purchases	Monthly Accounting Fee	Requested Credit Line	Minimum Trade Balance Before Standby	
Membership \$295.00	<input type="checkbox"/> 10% AUTOPAY + \$7 CASH	\$7 BARTER	\$100 \$300 \$500 \$1,000	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP	
Annual Renewal \$100 Trade			CC#	Expiration Date ____/____/____	
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. (B)					
X Member Applicant Signature / Title _____ Date _____ Please Print Applicant's Name _____			FOR OFFICE USE ONLY Type of Account: <input type="checkbox"/> Regular <input type="checkbox"/> Sub-Account <input type="checkbox"/> IC <input type="checkbox"/> Other Account #: _____ Pin #: _____ Area: _____ Broker: _____ Approved Line Of Credit: _____ Referred By: _____ Account Executive _____ Date _____ Area Director _____ Date _____ Business Exchange (B) Corporate Officer _____ Date _____		