



# Membership Application & Agreement

## Business Information

Business Name \_\_\_\_\_ Telephone# ( ) \_\_\_\_\_ ext. \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_ FAX# ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cellular# ( ) \_\_\_\_\_

Address cont. \_\_\_\_\_ Website www. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fed. Tax ID or SS# \_\_\_\_\_

Ownership Type:  Sole Prop.  Partnership  Corporation  LLC

## Contact(s) Information

Owner's Name \_\_\_\_\_ email \_\_\_\_\_

Primary Contact (if different) \_\_\_\_\_ email \_\_\_\_\_

Additional Contact \_\_\_\_\_ email \_\_\_\_\_

Additional Contact \_\_\_\_\_ email \_\_\_\_\_

## Directory Information

Primary Category \_\_\_\_\_ Category 2 \_\_\_\_\_

Category 3 \_\_\_\_\_ Category 4 \_\_\_\_\_

Directory Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Payment Information Fees & Dues

**One Time Processing Fee:** \$95.00 **Monthly Service Fee:** \$12.00 cash and \$12.00 ITP Trade

**Transaction Fee:** Member agrees to pay a 6% cash fee on all purchases and sales made using the ITP network.

**Auto Pay:** Member authorizes iTrade Pay to charge Member's account or credit card the amount of any balance due on the Member's iTrade Pay Account on the 1st of each month for the prior month statement balance. Authorization will remain in effect until written cancellation is received by ITP. Member understands that first months monthly fee will be charged at time of signing to confirm auto pay form is valid. Member's Initials \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Card holder \_\_\_\_\_ Address \_\_\_\_\_ Cty/St/Zip \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

## Application Agreement

I understand that I must provide all the information in this application and I verify its accuracy under the penalties of perjury. I also understand that the fees are due per application terms and that there will be no refunds. iTrade reserves the right to adjust its fees at any time. This agreement becomes effective when approved by an officer of iTrade at the iTrade Corporate office. If this application is accepted, the company and the individual signing for the company agree to assume joint and several responsibility for all purchases and fees outlined in the Membership Application and the Operating Rules for iTrade (available online at www.itradepay.com).

Credit Line Requested \$ \_\_\_\_\_ **USE OF CREDIT LINE MUST BE OFFSET BY ITP CREDIT SALES**

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_ Date Referral Paid \_\_\_\_\_

iTrade Agent \_\_\_\_\_ iTrade Office Assigned \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_