



CLIENT APPLICATION

Please print legibly in black ink.

Business Name: _____

Client Name: _____ Contact: _____

Mailing Address: _____
 _____ Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Tax ID or SSN: _____

Business Address: _____
 _____ ZIP _____

E-mail Address: _____

Website Address: _____

I/we apply for a Gold Card - 100% Trade

I/we acknowledge that by being a Gold Card member, I/we will trade at 100% A to Z Barter on every sale and purchase made between us and other Gold Card members.

Sales or purchases between Silver Card members and us will be at 50% cash 50% trade.

I/we apply for a Silver Card - 50%Cash /50% Trade

I/we acknowledge that by being a Silver Card member, I/we will trade 50/50 each time we sell or purchase, whether it be between Gold or Silver Card members.

Gold or Silver Card members may change from Silver to a Gold or Gold to a Silver Card if they wish, however, there is a minimum term of 6 months.

Replacement card will cost members \$15.00 cash. You must return you old card before a new card is issued.

Business Categories: (up to 3)

Certification: Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete and I agree to abide by the AtoZ trading rules.

Applicant's Signature: _____ Date: _____

For office use only

Broker's Name: _____ Application taken by: _____

Referred By: _____ Purchase limit: _____

Authorised By: _____ Joining fee \$390.00USD _____ Pesos _____

Account Number: _____ Paid _____ Yes No

Payment Method: Check Cash Visa Card MasterCard AMEX

| | | | | | | |
|---------------|----------------------------|--------------------------|----------------------|--------------------------|---------------------|--------------------------|
| Action Taken: | Account number entered | <input type="checkbox"/> | Application Approved | <input type="checkbox"/> | Welcome Letter | <input type="checkbox"/> |
| | Application copied for Kit | <input type="checkbox"/> | Gold Card Ordered | <input type="checkbox"/> | Silver Card Ordered | <input type="checkbox"/> |
| | Data Entry | <input type="checkbox"/> | Kit Sent | <input type="checkbox"/> | | |

CREDIT CARD PAYMENT ADVICE

Please complete Credit Card details & sign.

Your Signature below indicates that you agree to pay the amount indicated according to your card issuer agreement

Please indicate method of payment: MasterCard AMEX Visa Card

Credit Card Number

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Signature: _____ Expiry Date: _____

Cardholders Name: _____ Amount: _____