



46 Jason Ct. | St. Charles, MO 63304 | 636-410-9393

CLIENT APPLICATION

DATE _____

CLIENT ACCT # _____

COMPANY NAME _____ PHONE _____ FAX _____

COMPANY ADDRESS _____ CITY/STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY/STATE _____ ZIP CODE _____

CLIENT NAME _____ TITLE _____ SSN OR EIN _____

CLIENT E-MAIL ADDRESS _____

COMPANY WEBSITE ADDRESS _____

NAME OF BANK _____

REGISTERED AGENT _____

SERVICES / PRODUCTS OFFERED:

DIRECTORY LISTINGS PREFERED:

CONTACT PERSONS:

AUTHORIZED SPENDERS:

The above applicant agrees to follow the current ABC policies & procedures guidelines. The applicant understands and accepts he/she will pay an initial membership of \$295, 12% commissions on purchases, Beginning with the second year of membership the client agrees to pay annual renewal dues of \$100 cash / \$200 trade. Renewal is based on the amount of sales.

X _____
APPLICANT

X _____
CO-APPLICANT

X _____
ACCOUNT REPRESENTATIVE