Trading Partner Application

609 E. Chicago St., Elgin, IL 60120-5760 – **Tel 847-214-5656** Fax 847-214-5657
www.artofbarter.com Email: info@artofbarter.com

Applicant Information:

Business Name _____ **Telephone** _____ **Fax Number** _____

Address _____ **City State Zip** _____

Name of Authorized Person _____ FEIN ☐☐ ☐☐☐☐☐☐☐

Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Billing Address if different from above _____ **City State Zip** _____

Web Site _____ **Email Address** _____

Business Information:

Product or Service Offered: _____

_____

_____

_____

Year Business Established: _____ **Approximate Annual Sales: $** _____ **Number of Employees:** _____

Comments: _____

_____ **Referred By:** _____

Terms & Conditions: Membership Fee: $595.00 with T$5,000.00 Guaranteed in 6 Months.

The applicant requests that Art of Barter, Inc. (AOB) open a trade account for the business listed on this application. Membership fee is payable at the time of application. The applicant agrees to pay a 10% transaction fee payable in cash for each purchase transaction. Unless provided other wise, the undersigned authorizes AOB to charge the membership fee upon receipt of the signed application to the credit card designated below. The undersigned and individuals authorized by it to use AOB trade services are bound by the rules and regulations of AOB in effect at this date and as may be later amended from time to time.

X _____ _____ ☐☐☐☐☐☐

Applicant Signature **Date** **AOB Account Number**

MasterCard | American Express Cards | VISA | Discover Novus

C V V# ☐

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expires** ☐☐ ☐☐

___ **Yes, please charge cash transaction fees to credit card.** ___ **Do not charge cash transaction fees to credit card.**