



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: _____ Approx. Annual Sales: \$ _____ Number of Employees: _____ Referred By: _____

Membership Fee Options: Indicate your membership fee choice below.

\$595.00 with T\$5,000 Platinum Guarantee \$395.00 with T\$3,500 Gold Guarantee \$295.00 with T\$2,500 Silver Guarantee

\$195.00 with T\$1,000 Basic Guarantee \$50.00 with T\$500.00 Entry Level Guarantee

Terms & Conditions: 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 otherwise, 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. **GUARANTY:** If the applicant is a corporation, limited liability company, partnership or any other business entity, the individual signing the application agrees to fulfill and guaranty the obligations of the business entity in the event that the entity does not perform its obligations hereunder or breaches the terms of this agreement.

Card Number _____ C V V# _____ Expires _____

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

X _____ Date _____ AOB Account Number (Leave blank) [][][][][][]