



This form must be completed and signed to process your application. Please attach any additional information you wish to include.

Date: _____

Sales Rep: _____

COMPANY INFORMATION

Business Name _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ email _____

Type of Business _____ Date Established _____

___ Corporation ___ Partnership ___ Proprietorship ___ LLC Tax ID # _____

Annual Sales Volume _____ Expected Monthly Business with EcoGear FX \$ _____

Any company with a California "ship to" address must complete and return a resale card with valid resale permit number, or pay appropriate state taxes. If you need a card sent to you, please check here : _____

RESPONSIBLE PARTIES: OWNER, PRESIDENT, ETC.

Name _____ Title _____

Name _____ Title _____

BANK REFERENCES

Bank _____ Account 1 # _____

Bank Officer _____ Account 2 # _____

Phone # _____ Fax # _____

Loan Type _____ Loan # _____ Loan Balance _____

TRADE REFERENCES

Table with 3 columns: Company/Contact, Phone, Fax. Three rows of blank lines for data entry.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) and other references to release account information to EcoGear FX, Inc.

COMPANY NAME _____

AUTHORIZED BY (SIGNATURE) _____

PLEASE PRINT NAME _____