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**

FEIN

Name of Authorized Person

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** ☐ **$95.00 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.

C V V#

Card Number **Expires**

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

X_____ _____

Applicant Signature (Required) **Date**

AOB Account Number (Leave blank)