



Barter Business Exchange, Inc. Client Application and Agreement
 1125 Kildaire Farm Road • Cary, NC 27511 • Phone: (919) 469-5538 • Fax: (919) 469-5558 • www.ncbarter.com

Name (as shown on your income tax return): _____

Business Name, if different from above: _____

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) _____

Taxpayer Identification Number (TIN) Social Security Number OR Employer Identification Number

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location Address (if different from above address): _____

City: _____ State: _____ Zip Code: _____

Other Location(s): _____

Office Phone: _____ Cell: _____ Fax: _____

Web Page: _____ Email: _____

Principals (please list all owners):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Authorized Barter Card Holders:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Who referred you to the Barter Business Exchange? _____

Goods & services offered for 100% BBE barter. List all special terms or conditions: _____

The applicant applies to the Barter Business Exchange, Inc. d/b/a BBE for the privilege of trading goods & services with other members. The applicant understands and agrees to:

- ★ **BBE Special Offer:** The one-time retainer fee of \$249.00 cash and \$249.00 barter is **waived**. Offer expires 12/31/11.
- ★ **Monthly administrative fee of \$10.00 cash and \$10.00 barter.** The first 12 months of administrative fees are due with Application and Agreement. Pre-paid monthly administrative fees are non-refundable.
- ★ **Cash transaction fee of 10%** on the gross value of all purchases from BBE members or **cash transaction fee of 15%** on the gross value of all purchases from other barter exchanges.
- ★ Applicants who do not authorize BBE to automatically charge their credit card or debit card for fees owed on the 15th of the month are subject to an **additional 5% cash** transaction fee on the gross value of all purchases.
- ★ \$2,500 credit limit. The credit line is a barter dollar loan. Applicant will be charged a monthly finance charge of 1% barter. Credit lines will not be given to applicants who do not personally guarantee payment by providing BBE with their social security number.

CREDIT CARD INFORMATION: AMERICAN EXPRESS DEBIT CARD DISCOVER MASTERCARD VISA

Card Number: _____ Last 3 Digits on Back of Card: _____

Name on Card: _____ Exp. Date: _____

Credit Card Mailing Address: _____ City: _____ State: _____ Zip Code: _____

- I authorize the above credit card or debit card to be charged on the 15th of each month for the total cash fees owed on that date.
- I authorize the above credit card or debit card to be charged \$120 the first year of monthly administrative fees.

Guarantor's Signature: _____ Date: _____

Applicant agrees to sell their products and services for 100% barter. Applicant agrees that the applicant and individuals authorized to use the BBE network will abide by the Trading Policies and Procedures of BBE. **Applicant affirms that s/he is the owner/officer/agent of the member business entity and acknowledges that the set up of Applicant's account is conditioned upon the personal guarantee by the Applicant for the payment of debt incurred hereunder and the Applicant hereby personally and unconditionally guarantees payment of any and all debt incurred by his/her said business entity.** Applicant has read, understands and agrees to abide by the terms and conditions of BBE which are annexed hereto and made a part hereof. Applicant acknowledges that upon acceptance of this application this agreement shall constitute the exclusive agreement between the parties and that there have been no promises or inducements made to applicant which are not expressly contained herein. Acceptance of this application is contingent upon approval of a BBE officer.

Guarantor's Name (First): _____ (Middle Initial): _____ (Last): _____ Social Security Number: _____

Home Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code: _____

Applicant and Guarantor's Signature: _____ Title: _____ Date: _____

BBE Officer's Signature: _____ Date: _____