



Membership Application

Company Information - Please print in dark ink

Legal Business Name		Tax ID #:	
Doing Business As:		Product:	
Address:			
City:	State:	Zip Code:	
Phone:	Ext:	Fax:	
Mailing Address			
City:	State:	Zip Code:	
Business Type (check one)	<input type="checkbox"/> Corporation State: _____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
Web site: www.			

Contact Information

Name:	Title:
Cell #:	Driver's License State:
Fax:	SSN: DOB: M M D D Y Y
e-mail:	User ID Requested

Payment Options

<input type="checkbox"/> Yes, the Application Fee was paid directly to my Independent ITEX Broker	Amount:
<input type="checkbox"/> OPTION 1 - Service Fees will be billed to my credit/debit card every four-week cycle.	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Card Number:	Expiration Date: D D M M Y Y Y Y
Billing Address:	
City:	State: Zip Code:
Name on Card:	
<input type="checkbox"/> OPTION 2 - Service Fees will be deducted from my checking account every four-week cycle.	Attach VOIDED Check with Application.
Signature: X	Required for either option

You will receive your statements via e-mail and online.	<input type="checkbox"/> If you require a printed and mailed statement, check here.
I was referred by:	ITEX Acct. #:

Agreement

I request to subscribe to the record keeping and administrative services of ITEX Corporation and to participate in the ITEX Retail Trade Exchange. I have received and read the Trading Rules which govern the use of my ITEX account and agree on behalf of my company, myself, and all authorized signatories to comply with the terms of the Rules and any amendments thereto as may be posted on the ITEX website at www.itex.com. I understand that the information given on this application will be held strictly confidential in accordance with the ITEX Privacy Policy, posted on www.itex.com. I have provided all the information accurately, in good faith, and to the best of my knowledge. The below signed has the authority to bind the company. This document with the Trading Rules represents the complete agreement between my company and ITEX Corporation; there are no other representations made by ITEX Corporation. In the event of disagreement, both parties agree to binding arbitration as specified in the Trade Rules. The venue for any action shall lie only in the courts in King County, Washington. This agreement is not final until accepted by ITEX Corporation.

Signature: X _____ Date: _____

BROKER/ITEX USE ONLY	ITEX Online Account Active: <input type="checkbox"/> YES <input type="checkbox"/> NO	Password: _____
Broker Code: _____	Account Number Issued: _____	
Line of Credit Requested: _____	Line of Credit Authorized: _____	



DIRECTORY LISTINGS

Account Name:	
Account #:	
Contact:	
Phone #:	

Directory listings help other Members find your business when they are looking for products or services on ITEX Online. The more complete your directory listings, the more new business ITEX can bring you. Choose categories as if you were advertising your business in the Yellow Pages. Use descriptive keywords so that Members can use the ITEX Online search tool to find your products or services. Directory listings can be updated online at the Member Web Site or through your Trade Director.

Directory Category #1: _____

Description of product or service: _____

Directory Category #2: _____

Description of product or service: _____

Directory Category #3: _____

Description of product or service: _____

Directory Category #4: _____

Description of product or service: _____

Entered By: _____

Date: _____