

Membership Application & Agreement

Value Card Alliance (VCA) and the undersigned applicant hereby agree as follows:

Sales Agreement

Sales Agreement: Member agrees to sell to other members for 100% VCA Credit (defined as receivable due in goods and/or services) in an amount not less than that purchased from other members for 100% VCA credit at the prevailing and/or advertised prices. For all unit sales over \$2,500 selling percentages of cash and VCA Credit become negotiable between Buyer and Seller.

Sales Limits: Sales limit is the amount of VCA sales the member will accept in excess of VCA purchases. Member can go on Standby (temporarily decline further VCA Sales) if VCA is previously notified, and if VCA sales exceed VCA purchase by more than \$2,500.

Fees & Dues

One Time Membership Fee: \$495.00 **Service Fees:** (a) Member agrees to pay monthly a 5% cash fee, plus a 2.5% VCA on gross sales and purchases transactions made by/from other VCA members within 10 days after billing. (b) Purchase plus member (purchases exceed sales): member agrees to pay an additional fee of 1% in VCA credit per month on the authorized amount that purchases exceed sales. If the authorized limit is exceeded, member agrees to pay the 1% plus an additional 2% in VCA credit. When purchases exceed sales, member agrees at option of VCA to pay cash or have the account listed billed for the amount of excess within a 12 month period as outlined in the Membership Agreement and Transaction Rules.

Applicant's Initials _____

Business Information

Business Name _____ Telephone _____

DBA (if applicable) _____ Cell _____ Fax _____

Individual Partnership Corporation LLC

Street Address _____ City _____ State _____ Zip _____

Website _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Federal Tax Id/SS# _____ Additional Signer _____

Company description _____

Number of Employees _____

Credit Information

Credit Line requested \$ _____ Retail inventory value \$ _____ Date business began _____

Annual Gross Sales \$ _____ Business bank _____

Street Address _____ City _____ State _____ Zip _____

Reason For Credit Line _____ *Use of Credit Line must be offset by VCA sales*

Principal's Information

Principal's Name _____ Position with Company _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ User ID _____ Password _____

Certification

Certification: This agreement becomes effective when approved by an officer of Value Card Alliance, at the VCA home office. If this application is accepted, the company and the individual signing for the company agree to assume joint and several responsibility for all purchases and fees as outlined in the Membership Agreement and Transaction Rules. Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete. I certify that the tax identification number provided is correct, I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. person as defined in tax regulations.

Local Office Use

Agreed to by _____ Date _____

Application Taken By _____ Directory Code _____

Referred by _____ Broker Code _____

Local Area Approval _____ Date _____

Corporate Office Use

Corporate Office Approval _____ Date _____

Credit Line Approved \$ _____ Account # _____





| | | |
|---|--|--|
| Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service | Request for Taxpayer Identification Number and Certification | Give form to the requester. Do not send to the IRS. |
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| List account number(s) here (optional) | | |
| Part I Taxpayer Identification Number (TIN) | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. | | Social security number or Employer identification number |
| Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. | | |
| Part II Certification | | |
| Under penalties of perjury, I certify that: | | |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below). | | |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4. | | |
| Sign Here | Signature of U.S. person ▶ | Date ▶ |

Auto Pay Application

Company Name _____ Company Representative _____

Value Card Alliance Account Number _____

Choose one option Checking Account (attach voided check) Credit Card

Account # _____ Expiration Date _____

Card Holder Name _____ Credit Card Billing City/State/Zip _____

I hereby authorize VCA to debit my bank account the amount of any balance due on my VC account.

Authorized Signature _____ Date _____

Payments will be processed on the 5th of each month. If payment date falls on a weekend or holiday, payment will be processed the next business day.

Authorization will remain in effect until canceled in writing to VCA. I agree to update my account information at least five business days before the due date (for example; new credit card number, expiration or bank account information) to allow time for correction. I understand that a returned check or declined/expired credit card will incur a \$25 fee. Invalid Preferred Member Status information could also result in a late fee as described in VCA Member Agreement.