



## Membership Application

### 1. Company Information *print legibly. Use dark ink.*

|                      |                                      |  |                                      |
|----------------------|--------------------------------------|--|--------------------------------------|
| Legal Business Name: |                                      | Tax ID:                                  |                                      |
| Doing Business As:   |                                      |  |                                      |
| Address:             |                                      |  |                                      |
| City:                |                                      | State:                                   | Zip Code:                            |
| Phone:               |                                      | Fax:                                     |                                      |
| Mailing Address:     |                                      |  |                                      |
| City:                |                                      | State:                                   | Zip Code:                            |
| Business Type:       | <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership |
|                      | <input type="checkbox"/> LLC         | <input type="checkbox"/> Other           |                                      |
| Website:             |                                      |  |                                      |

### 2. Primary Contact/Signer Information - *additional contacts or signers require an Additional Signer Form*

|             |             |
|-------------|-------------|
| Name:       | Title:      |
| Cell Phone: | SSN:        |
| Home Phone: | DOB:        |
| Work Email: | Home Email: |

### 3. Payment Options - *CASH FEES will be billed to your Credit Card or EFT every four week cycle - complete only one section below*

|  |                                   |                                     |                               |
|--|-----------------------------------|-------------------------------------|-------------------------------|
| Application Fee was paid directly to my ITEX Broker: | <input type="checkbox"/> Yes      | <input type="checkbox"/> No         | \$                            |
| <b>Pay by Credit Card:</b>                           | <input type="checkbox"/> Visa     | <input type="checkbox"/> Mastercard | <input type="checkbox"/> AmEx |
|  | <input type="checkbox"/> Discover |                                     |                               |
| Card Number:   | Exp Date:                         |                                     |                               |
| Card Billing Address:                                |                                   |                                     |                               |
| City:  |                                   | State:                              | Zip Code:                     |
| Name on Credit Card:                                 |                                   |                                     |                               |
| <b>Pay by Electronic Funds Transfer (EFT):</b>       | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings    | Routing #                     |
| Name on Bank Account:                                |                                   | Account #                           |                               |

**X Signature** (from authorized signer on Credit Card/EFT Information above):

Billing statements are delivered via email. If you require a printed statement (\$1 fee/cycle), please check here:

|                    |                      |
|--------------------|----------------------|
| I was referred by: | ITEX Account Number: |
|--------------------|----------------------|

*For Broker Use Only*

|                         |                       |
|-------------------------|-----------------------|
| Broker Code: 218111     | Directory Category 1: |
| Sales Representative:   | Directory Category 2: |
| Notes/Special Requests: |                       |

### 4. Agreement - *must be signed by Primary Contact/Signer from section 2.*

I apply to participate as a member of the ITEX Marketplace and subscribe to the record keeping and administrative services of ITEX Corporation. I agree to be bound by and comply with, and that the use of my ITEX account will be governed by, the terms and conditions of the Member Agreement (which includes the Marketplace Rules, the Privacy Policy, and the terms and conditions available by hyperlink, collectively, the "Member Agreement"), and any amendments thereto as may be posted from time to time on the ITEX website at www.itex.com. I am at least 18 years old and have provided all the information on this application accurately, in good faith, and to the best of my knowledge. I have the authority to bind the applicant and all authorized signatories. Applicant will not be admitted as an ITEX Member unless and until this application is accepted by ITEX Corporation.

**X Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_