

Suite 3, 1-3 Olympic Circuit  
 Southport 4215  
 PO Box 687  
 Paradise Point Q 4216



• Telephone: (07) 5527 0000  
 • Fax: (07) 5527 0111  
 E-mail: info@atozbarter.com.au  
 ABN: 30005 917 760

## CLIENT APPLICATION

Please print legibly in black ink

**Business Name:**

Client: \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ A.B.N. \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

I/we apply for a Gold Card - 100% Trade

I/we acknowledge that by being a Gold Card member, I/we will trade at 100% A to Z Barter on every sale and purchase made between ourselves and other Gold Card members.

Sales or purchases between ourselves and Silver Card members will be at 50% cash 50% trade.

I/we apply for a Silver Card - 50%Cash /50% Trade

I/we acknowledge that by being a Silver Card member, I/we will trade 50/50 each time we sell or purchase, whether it be between Gold or Silver Card members.

Gold or Silver Card members may change from a Silver to a Gold or Gold to a Silver Card if they wish, however, there is a minimum term of 6 months.

Replacement card will cost members \$15.00 cash. You must return you old card before a new card is issued.

Business Categories: (up to 3)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification: Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete and I agree to abide by the AtoZ trading rules.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only*

Broker's Name: \_\_\_\_\_ Application taken by: \_\_\_\_\_

Referred By: \_\_\_\_\_ Purchase limit: \_\_\_\_\_

Authorised By: \_\_\_\_\_ Joining fee \$390.00 (IncludesGST)

Account Number: \_\_\_\_\_ paid yes  no

Payment Method: Cheque  Cash  Visa Card  Mastercard  Bankcard

|               |   |   |  |
|---------------|---|---|--|
| Action Taken: | Account number entered <input type="checkbox"/>     | Application Approved <input type="checkbox"/> | Welcome Letter <input type="checkbox"/>      |
|               | Application copied for Kit <input type="checkbox"/> | Gold Card Ordered <input type="checkbox"/>    | Silver Card Ordered <input type="checkbox"/> |
|               | Data Entry <input type="checkbox"/>                 | Kit Sent <input type="checkbox"/>             |  |

### CREDIT CARD PAYMENT ADVISE

Please complete Credit Card details & sign.

Your Signature below indicates that you agree to pay the amount indicated according to your card issuer agreement

Please indicate method of payment: Mastercard  Bankcard  Visa Card

Credit Card Number

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_