

## 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 \$5,000, 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 given a written 30 day notice.

### Fees & Dues

**One Time Membership Fee:** \$0

**Maintenance Fee:** \$5 per month

**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 on the first of the following month via auto pay. (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 \_\_\_\_\_

### Principal's Information

Principal's Name \_\_\_\_\_ Position with Company \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Certification

Home Phone \_\_\_\_\_ User ID \_\_\_\_\_ Password \_\_\_\_\_

**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 \_\_\_\_\_

### Corporate Office Use

Application Taken By \_\_\_\_\_

Referred by \_\_\_\_\_

### Notes

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

## 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 *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## Auto Pay Application

Company Name \_\_\_\_\_ Company Representative \_\_\_\_\_

Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_ Routing # \_\_\_\_\_

or

  
    
    

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Credit Card Verification # \_\_\_\_\_

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 1st 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.