

CONFIDENTIAL CLIENT APPLICATION FORM

A. Name of business _____ Parent Company _____

Current billing address _____ Phone () _____

Street

City

State

Zip

Email _____ Website _____

So that FIRST MEETING PLACE, INC. may serve your business needs better, please describe in detail the product(s) and/or service(s) you offer.* (If additional space is needed, please attach a separate sheet.)

* Please list the title(s), occupation(s), and/or responsibilities of the individual(s) in your business that will be authorized to use FIRST MEETING PLACE, INC. services.

Corporation
 Public Private
 Corp. # _____

Partnership Sole Proprietorship
 List names of General Partners or Principal Officers:

Tax ID # _____

Are stockholders & officers one and the same?

Yes No

Number of years in business _____

Current FIRST MEETING PLACE, INC. client? Yes No

Previous FIRST MEETING PLACE, INC. client? Yes No

If Yes, Center location _____ Account # _____

Name of individual who will sign the Services Agreement with FIRST MEETING PLACE, INC.

Last

First

Middle

Title of above individual _____

B. If your company is privately held or has been in business for less than 3 years, please complete Sections B and C for the individual named above in Section A.

Home address _____ Phone () _____

Street

City

State

Zip

How long at above address? _____ Own Rent Driver's license # _____

Previous address _____

Street

City

State

Zip

Social Security number _____ Birth date _____

C.

	Yes	No	If yes, registered in city, county, state.
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Is the Business name registered as "Fictitious" name?				If No, do you plan to register it? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, write "Fictitious" name.
Do you have Business Permit #?				# _____
Do you have Resale #?				# _____
Are you required by law to be Licensed to conduct your business?				If so, indicate type of license # _____ Expiration date: _____

NOTE: For the following sections, incomplete answers may delay processing of your application for service.

D. BANK REFERENCES

Business

Individual

Checking

Savings

Loan Account # _____

Bank _____

Phone () _____

Address _____

Street

City

State

Zip Code

Bank officer in charge of account _____

Checking

Savings

Loan

Account # _____

Bank _____

Address _____

Street

City

State

Zip Code

Bank officer in charge of account _____

E. TRADE REFERENCES

Business

Individual

1). Name _____

Address _____ Phone () _____

Street

City

State

Zip Code

Account # _____ Highest Amount Owed \$ _____

Purpose of Credit _____

2). Name _____

Address _____ Phone () _____

Street

City

State

Zip Code

Account # _____ Highest Amount Owed \$ _____

Purpose of Credit _____

3). Name _____

Address _____ Phone () _____

Street

City

State

Zip Code

Account # _____ Highest Amount Owed \$ _____

Purpose of Credit _____

CLIENT'S CERTIFICATION AND AGREEMENT

I certify that the information contained in this Client Application Form is true and complete and understand that false or misleading statements may result in termination of FIRST MEETING PLACE, INC. services agreement. I further understand that this form is confidential except for purposes of verification by FIRST MEETING PLACE, INC., which I hereby authorize.

Signature _____ Date _____

CREDIT AUTHORIZATION FORM

I hereby authorize release to FIRST MEETING PLACE, INC. and its licensees any credit information concerning myself or my company which may be required to establish my credit. A photocopy of this authorization section may be honored.

Authorized Signature _____ Date _____

Printed/Typed Name of person signing _____

Name of business _____