

Applicant Information	Entity Information
Name of Business Entity:	Type of Business Entity (check one): <input type="checkbox"/> Proprietorship doing business under an assumed name <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other – Describe: _____
Name of Contact Person:	
Title of Contact Person:	
Address:	
City, State, and Zip Code:	
Phone: Cell:	
Fax:	Enroller Information
Email:	Name:
	ID Number:

Partners, Members, Managers, Shareholders, Officers, Directors, or Trustees		
Identify ALL partners, members, managers, shareholders, officers, directors, trustees, or other participants. Attach additional pages as necessary.		
Printed Name:	Signature:	Title:
Address:		
Printed Name:	Signature:	Title:
Address:		
Printed Name:	Signature:	Title:
Address:		
Printed Name:	Signature:	Title:
Address:		
Printed Name:	Signature:	Title:
Address:		
Printed Name:	Signature:	Title:
Address:		

The above signatories (and others as may be appended to this document) certify that each is authorized to sign any document necessary to conduct business with BThere and is jointly and severally liable for all contracts and obligations with BThere. Each acknowledges that they are jointly, severally, and individually bound, and must comply with, the terms and conditions of the BThere Independent Representative Agreement and Policies & Procedures. Violation of the BThere Independent Representative Agreement and/or Policies & Procedures by any partner, member, shareholder, employee, trustee, officer, director, or other individual with any ownership or management

(collectively “Affiliated Individuals”) of the Business Entity Applicant may be jointly and severally imputed to the Business Entity and each Affiliated Individual. Failure to list all Affiliated Individuals on this Business Entity Registration form (use additional pages if necessary) shall be grounds for disciplinary sanctions as described in the Policies & Procedures. Transfers of ownership interest in an independent BThere business that is owned by a business entity are subject to the BThere Policies & Procedures. See the Policies & Procedures for a description of the Transfer Policy.

This Form, **along with a properly completed IRS form W-9 (available at www.irs.gov)** must be sent to BThere within 60 days of the entity’s enrollment as a BThere Independent Representative. If this Form and the W-9 are not timely received by BThere, the Independent Representative Agreement of the Business Entity shall be terminated. Scan and email the completed form to us at reps@bthereforyou.com.