



TRADECARD MEMBERSHIP APPLICATION

Contact TradeCard Member Services with questions concerning this application
Telephone: (800) 905-8723, E-mail: support@tradecard.com



TradeCard Membership Application

I. Application – Contact Information Screen

Applicant

Name _____
Title _____
Telephone _____
Fax (optional) _____
Country _____

II. Application – Company Identification

Transacting Company

Name _____
Legal Form _____
Address _____
City _____
State or Province _____
Postal Code _____
Country _____
URL / Web Address _____

Registered Company

- Is the Transacting Company registered with a different name or address?
Yes ___ or No ___

Name _____
Legal Form _____
Address _____
City _____
State or Province _____
Postal Code _____
Country _____
URL / Web Address _____

Parent Company

- Is your organization a subsidiary? **Yes ___ or No ___**

Name _____
Legal Form _____
Address _____
City _____
State or Province _____



Postal Code _____
Country _____
URL / Web Address _____

III. Application – Company Activity Description

Company Activity

Company Identifier Type _____
Company Identifier Number _____
Country of Incorporation/Registration _____

Is the company publicly traded? **Yes ___ or No ___**
Name of the exchange: _____
Ticker Symbol or Id _____

Insolvency
Has your company experienced any form of bankruptcy in the past?
Yes ___ or No ___
Description of Bankruptcy _____

IV. Application – Sr. Management Contacts (Two Contacts Required)

Due to “know-your-customer” regulations, TradeCard requires the names and personal addresses of two senior managers in your company. If you are the only senior manager, please provide your personal address information.

Contact 1

Name _____
Title _____
Address _____
City _____
State or Province _____
Postal Code _____
Country _____
Telephone _____
Fax _____
Email _____

Contact 2

Name _____
Title _____
Address _____
City _____



State or Province _____
 Postal Code _____
 Country _____
 Telephone _____
 Fax _____
 Email _____

V. Application – Bank and Account Information

Primary Bank

Name _____
 Address _____
 City _____
 State or Province _____
 Postal Code _____
 Country _____

Primary Account

Indicate the bank account TradeCard will use for debit and credit activity. You may specify additional accounts after your company becomes a TradeCard member.

Bank Id Number _____
 Account Name _____
 Account Number _____
 Account Currency _____
 Primary Transaction Currency _____
 (Please note the currency used to conduct your day-to-day business)

Bank Signatory Contact

Signatory Authority _____
 Do you have signatory authority on the above account **Yes ___ or No ___**
 Signatory Name _____
 Title _____
 Telephone _____

Financing

Will you be using financing programs on Tradecard? **Yes ___ or No ___**
 Primary Lending Company Name _____
 Lending Company Contact Name _____
 Lending Company Contact Telephone _____

V. Application – Additional Information

Applicants who wish to be considered for optional financial services, including select early payment programs, should submit audited financial statements to TradeCard along with their signed membership documentation.

Please fax your application to TradeCard Member Services at (646) 349-1843