Application Information For E-Signature

FLORIDA BAIL AGENTS ASSOCIATION

The below fields will be used to generate an electronic application for signature.

Business Information

Business Legal Name: _____

DBA Name: _____

Business Address: _____

City: _____   State: _____   Zip: _____

Business Phone: _____   Business Website:_____

Email: _____

Requested Service Start Date: _____   Is this date flexible?   Yes   No

Products/Services Sold: Fed_____

Tax ID: _____   Fed ID Month / Year Started:_____

Tax Filing Type? _____   (LLC, Sole Proprietor, Partnership, Corporation – Public or Private

Tax Exempt Organization?   Yes   No   Number of Employees? _____

Sales Information

Total Gross Annual Sales: _____   Estimated Annual Credit Card Sales: $ _____

Estimated **Average** $$ Transaction: _____

Estimated **Highest** $$ Credit Card Individual Sale Amount: _____

Do you take deposits on items? Yes No   If "Yes" how long until product is delivered _____ Days

1-7 days   8-14 days   14-21 days 22-30 days 31+days

Signor Information (Must be officer or controller of private Corp., member LLC, or individual only of sole proprietorship):

Signor/Owner Name: _____

Signor Title: _____   Signor Email:_____

Signor Percentage ownership in company: _____   Signor Social Security #: _____

Signor Date of Birth: _____   Signor Home Phone: _____

Signor Home Address: _____

City: _____State: _____Zip: _____

Bank Information

Deposit Bank (checking only)

Bank Name: _____

Bank Account #: _____   Bank Routing #: _____

Bank Phone: _____

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Please complete and return via email to your Sales Consultant.

An electronic application will be generated and emailed to you for e-signature.