



Commerce Network

Business Membership Agreement

907-345-8000 / 1601 E 84th Ave, Ste 203, Anchorage AK 99507

CLIENT INFORMATION

- CIRCLE INFORMATION YOU WANT KEPT PRIVATE -

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Franchise ☐ Nonprofit ☐ other: _____

Full Legal Business Name: _____ DBA: _____

Business Start Date: ____ / ____ / ____ # of Locations: _____ # of Employees: _____ # of Independent Contractors: _____ Fax #: _____

Business Hours: _____ Web: _____

Physical Address: _____ Mailing Address: _____

Directory Contact: _____ Phone: _____ EOA Contact: _____ Phone: _____

Email: _____

Name of INDIVIDUAL and/or COMPANY that assisted me THE MOST in deciding to join EOA: _____

Initial _____ My company is Licensed. **Initial** _____ My company is Insured. **Initial** _____ My company is Bonded.

Business Owners Name: _____ Title: _____ % of ownership: _____

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Business Owners Name: _____ Title: _____ % of ownership: _____

USA PATRIOT ACT - HR3162 RDS REQUIREMENTS

Signer's Full Name: _____ Date of Birth: ____ / ____ / ____ SSN: _____

Drivers License Number: _____ Photocopy of Drivers Licence is attached: _____ Cellular #: _____

Residence Address: _____

Title: _____ Duties: _____ Owner (yes or no): _____

As of 01/01/2006 financial institutions, as a matter of course, must implement a customer identification program and may ask merchants and their employees for both business and personal information. Specifically, financial institutions must collect identifying information about customer's opening any type of account; verify that the customers are who they say they are; maintain such records used to verify their identify and determine whether the customer appears on any list of suspected terrorists or terrorist organizations.

EOA NOTES

SETTING UP CERTIFICATES / MOBILE SCRIP CREATION

For some membership types.

I understand that at no cost to me or my company, EOA will create scrip that they will sell for our sole benefit. All proceeds being transferred into our EOA business account. My company will accept all such scrip at face value, for goods and/or services subject to EOA selling terms and what is printed on scrip. All scrip is valid for minimum of six (6) months. Only scrip with an authorization number, that is not expired should be accepted as payment. **My company and I will honor all authorized unexpired scrip even if we are no longer a member of EOA. Multiple Scrip may be used/redeemed on a single transaction.**

Signature: _____ Date: _____ Suggested amount per certificate: \$_____. Good for: _____

Selling Terms: _____

Initial Authorized Scrip Quantity for sale: _____

TO VIEW ENTIRE AGREEMENT VISIT:

WWW.EOACOMMERCE.COM

CARD MANAGEMENT

PRIMARY SIGNER UNDERSTANDS THAT THESE BUSINESS ACCOUNTS DEPOSITS WILL BE REPORTED ON THIS COMPANY'S ANNUAL 1099B FORM AS TAXABLE SALES.

Primary Signer's Signature: _____ Date: _____

EOA requires each cardholder's information shown below along with their signature for their agreement to EOA terms posted on www.eoacommerce.com

(print) Business Name: _____

Only EOA and the following individuals have the ability to cancel, change or issue Business Cards and Personal Cards for this business:

(print) _____ (print) _____

(print) _____ (print) _____

(print) _____ (print) _____

(print) _____ (print) _____

new BUSINESS ACCOUNT cardholder information

Cards will be mailed within 10 business days.

The named individuals jointly and individually request that EOA Commerce Network (EOA) issue Business Cards to the following listed individuals. It is understood that each of these cards, although numbered differently, nevertheless share usage of the exact same single EOA business account for the businesses listed in this Agreement. This is the account that receives all of the trade dollars from all EOA sales. It is understood that each of the following cardholders has the power and the permission to spend any or all of this account's earned and/or borrowed funds without providing prior notification to any of the other cardholders; which thereby also incurs EOA membership fees. The above and the undersigned individuals are individually and jointly equally bound by this Agreement, and the current EOA rules which this document is part of; which those signed below acknowledge that they have or that they will read and accept this Agreement before using their Business Cards, this business' Business Account or the EOA system. Current EOA rules are available 24/7 at www.eoacommerce.com/trade-rules.

Print Applicant Name for card: _____ Applicant's Signature: _____

Date of Birth: _____ Relationship to business: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases

Only Cellular #: _____ Password: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

Email Address: _____ Mailing Address: _____

Print Applicant Name for card: _____ Applicant's Signature: _____

Date of Birth: _____ Relationship to business: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases

Only Cellular #: _____ Password: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

Email Address: _____ Mailing Address: _____

Print Applicant Name for card: _____ Applicant's Signature: _____

Date of Birth: _____ Relationship to business: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases

Only Cellular #: _____ Password: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

Email Address: _____ Mailing Address: _____

Print Applicant Name for card: _____ Applicant's Signature: _____

Date of Birth: _____ Relationship to business: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases

Only Cellular #: _____ Password: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

Email Address: _____ Mailing Address: _____

Print Applicant Name for card: _____ Applicant's Signature: _____

Date of Birth: _____ Relationship to business: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases

Only Cellular #: _____ Password: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

Email Address: _____ Mailing Address: _____

new PERSONAL ACCOUNT cardholder information

Cards will be mailed within 10 business days.

PRIMARY SIGNER WARRENTS TO EOA THAT TAXES HAVE ALREADY BEEN REMOVED FROM TRADE DOLLAR DEPOSITS INTO THE FOLLOWING PERSONAL ACCOUNTS.

Primary Signers Signature: _____ Date: _____
EOA requires cardholder signatures, and copy of their drivers license for all EOA cardholders.

(print) Sub-accounts Applicant Name for card: _____ (EOA fill-out) Cardholder Member Number: _____

Date of Birth: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases Only Password: _____

Mailing Address: _____

Email Address: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

(print) Sub-accounts Applicant Name for card: _____ (EOA fill-out) Cardholder Member Number: _____

Date of Birth: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases Only Password: _____

Mailing Address: _____

Email Address: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

(print) Sub-accounts Applicant Name for card: _____ (EOA fill-out) Cardholder Member Number: _____

Date of Birth: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases Only Password: _____

Mailing Address: _____

Email Address: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

(print) Sub-accounts Applicant Name for card: _____ (EOA fill-out) Cardholder Member Number: _____

Date of Birth: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases Only Password: _____

Mailing Address: _____

Email Address: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

(print) Sub-accounts Applicant Name for card: _____ (EOA fill-out) Cardholder Member Number: _____

Date of Birth: _____ () Accountant Viewing () Administrator Rights () Sales Only () Purchases Only Password: _____

Mailing Address: _____

Email Address: _____ Tax Exempt (Initial: _____): ___ Yes ___ No

EOA MEMBERSHIP FEES (www.eoacommerce.com)

Initial _____ I pay 7 1/2% cash fee on TRADE PORTION of every EOA SALE.

Initial _____ I pay 7 1/2% cash fee on TRADE PORTION of every EOA PURCHASE.

Employee/Sub account cardholders do not pay this fee, as EOA collects this fee when trade dollars are transferred from business accounts into Employee accounts.

Initial _____ **ANNUAL DUES:** Business accounts pay \$50 cash annually, billed month of membership.

Initial _____ **AUTHORIZATION CODES:** All trades between members require an EOA Authorization. Non-authorized trades are strictly prohibited.

INITIAL ONLY THE INDUSTRY THAT YOUR COMPANY BELONGS TO:

Initial _____ AUTO MECHANIC/BODY or CONSTRUCTION INDUSTRY, I agree to sell my products/parts at 100% cash and my labor at 100% EOA (trade).

Initial _____ RETAIL, AIRLINE or WHOLESALE INDUSTRY, I agree to sell at 50% cash and 50% EOA (trade).

Initial _____ REAL ESTATE RENT/LEASE INDUSTRY, I agree to sell at 75% cash and 25% EOA (trade).

Initial _____ REAL ESTATE FOR SALE, I agree to sell at 80% cash and 20% EOA (trade).

Initial _____ ALL OTHER INDUSTRIES, I agree to sell at 100% EOA (trade), excluding: _____

Initial _____ This agreement is part of the **TRADE RULES & REGULATIONS** currently posted on www.eoacommerce.com/trade-rules.

Initial _____ **INTEREST & CREDIT LIMIT & LOAN PROCEDURES:** Interest rate is 3% APR paid in trade dollars. Members credit limit is usually adjusted by: (i) how well they treat others; (ii) length of time in business and as member; (iii) how punctual they pay EOA fees; (vi) belief that they will remain in business long enough to repay credit; (v) member has made both an EOA purchase and sale; (vi) has auto-pay in place; (vii) and has been an EOA member in good standing for at least 6 months. Length of trade dollar credit is 6 months with 3 month reviews.

Initial _____ **LATE FEE:** Members are charged a \$35 cash fee for any cash fees owed EOA not paid when due. This \$35 fee is re-billed monthly, until paid in full.

Initial _____ **PAST DUE TRADE DOLLARS:** Negative trade dollars that are more than 6-months past-due, may at EOA's discretion be due entirely in cash.

Initial _____ **RIGHT TO CONTACT:** I agree I want to receive news, offers, business tips and other promotional materials from and about EOA. Including by email, text, fax, mail and phone. I understand this is how EOA communicates with it's members.

DESIGNATION FOR PAYMENTS BY CREDIT / DEBIT CARD

Card Type: _____ Verification #: _____ Card #: _____

Name on Account: _____ Account holders signature: _____ Expiration date: _____

Cards billing address: _____

AGREEMENT FOR PAYMENTS BY CREDIT / DEBIT CARD FOR DUE EOA FEES

The undersigned agrees to notify EOA Commerce Network (EOA) by written notification of any change of the above designated method of payment at least 20 days prior to the next established payment date. The undersigned acknowledges that failure to allow EOA to debit fees as due from the designated payment method shall be deemed to constitute nonpayment for the assessment. The method of fees collection shall be governed by Alaska's banking laws, the Uniform Commercial Code and EOA Membership rules as listed on www.eoacommerce.com. The undersigned hereby acknowledges that EOA will automatically debit listed credit / debit card account for the purpose of collecting assessed EOA membership fees. The undersigned acknowledges that failure to allow EOA to debit said fees as due shall be deemed to constitute nonpayment of the assessment.

Applicant Signature: _____ Title: _____ Date: _____

Applicant Signature: _____ Title: _____ Date: _____

APPLICANT SIGNATURES

Applicants certify that they have read, understand, agree to, and accept as is, this Agreement's obligations and rights. Applicants request that EOA Commerce Network (EOA) create the below chosen business / professional account for the businesses and individuals listed on this application. The undersigned and individuals authorized by them to use the EOA system are individually, jointly and equally bound by EOA Rules & Regulations. Applicants acknowledge they have received, read and agree to this Agreement and the trade rules posted 24/7 on www.3458000.com, or www.eoacommerce.com/trade-rules.

My member **cash selling** percentage is: _____ My member **trade selling** percentage is: _____

Applicant Signature: _____ Title: _____ Date: _____

Applicant Signature: _____ Title: _____ Date: _____

EOA Rep. Signature: _____ Title: _____ Date: _____

DIRECTORY CATEGORY	(see List)
DETAILS OF WHAT YOU OFFER	

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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: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----
☐ Other (see instructions) ▶

☐ Exempt
payee

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.

Social security number

or

Employer identification number

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

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.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

\$100 - \$500 EOA (trade) for new businesses: EOA tries to grow its membership base through referrals made by its members. Members who refer a business to EOA who join will receive \$100 EOA. Based upon membership demand.

\$500 EOA (trade) for existing businesses: EOA tries to grow its membership base mostly through referrals made by its members. And we are especially interested in retaining businesses who are leaving EOA because of change of ownership. Current owners who help persuade new owners to join EOA, which keeps the business in EOA's network will receive \$500 EOA.

Referrals are paid to members in good standing with EOA, provided their referral writes their name on page one of EOA's Membership Agreement as the individual who assisted them the most in deciding to join EOA. Referrals are also paid for businesses members who have ownership in referred business.

REFERRALS (see Referral Bonuses explained above)

Relationship (customer / vendor, etc): _____ Length of Relationship: _____ Type of business: _____
 Business Name: _____ Contact Person: _____ Do they know of EOA: _____
 Title: _____ Phone: _____ Email: _____

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 Business Name: _____ Contact Person: _____ Do they know of EOA: _____
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