

OPERATING UNDER A BUSINESS NAME



8322 East Hartford Drive
Scottsdale, AZ 85255 USA

For US PH. 1-800-577-0777
FAX 1-888-314-9827

To operate your Vemma Membership under a business name in the US, you must complete and return this document.

MEMBER INFORMATION

First Name Last Name Middle Initial

Federal ID or Employer ID # _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Day Telephone _____ Evening Telephone _____

Fax _____ Email _____

BUSINESS INFORMATION

State Business is Registered in _____ Date Business was Registered _____

TYPE OF BUSINESS

- Corporation Partnership Sole Proprietorship Limited Liability Corp. (LLC)

Please list all officers, directors, shareholders, members, managers, partners and individuals for the above-mentioned business, including federal ID or employer ID. None of these entities may be in the form of a trust.

Full Name	Title	FID or EID	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE AND AGREEMENT

I certify that the operation of this Vemma Membership under the above-mentioned business name is authorized by all applicable laws whether federal, state, county or local; and that all the relevant and necessary procedures, filings, declarations, etc. to use such a name have been properly followed and/or filed with the proper authorities.

All individuals in the above-mentioned business agree to be bound by the policies and procedures of Vemma.

I certify that the information provided in this document is accurate and complete and that I am obligated to notify Vemma within two weeks of any changes and/or amendments to the information contained herein.

I hereby declare that I have read the terms of the Application & Agreement and that I fully understand and agree to abide by all said terms contained therein and that I am duly authorized to execute this document. I also understand that all checks for monies earned will be issued under the business name.

Signature _____ Date _____
Signature of Authorized Officer (same as applicant)

Print Name and Title