

# EQUITY MARKETING GROUP

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## Independent Agent Application

Sponsor Name: \_\_\_\_\_ Sponsor ID: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Information							
SSN / EIN:				Company Name			
Last Name:			First Name:			Middle Initial:	
Street Address:					Apartment #		Suite #
City:			State:			Zip:	
Home Phone:			Cell Phone:			Work Phone:	
Email Address:							
Website Profile							
Username: _____ <small>First initial and Last Name (i.e. Jane Doe would be jdoe)</small>				Password: _____ <small>Must contain at least 4 characters. Letters and numbers only.</small>			
Personalized EMG Website: <b>www.EMGToday.com/</b> _____ <small>Website name can only contain letters and numbers. No spaces, symbols, or punctuation marks.</small>							
Payment Information							
<b>First Payment \$49 (\$99 annual renewal)</b>							
<b>Payment Options:</b> <input type="checkbox"/> Debit/Credit <input type="checkbox"/> Check <input type="checkbox"/> Money Order							
Name on Card:				Phone:			
Billing Address:							
City:			State:			Zip:	
Card#:	Expiration: ____ / ____ / ____				CVC#:		
<input type="checkbox"/> Check if your mailing address is same as the billing address provided above							
<b>Terms &amp; Conditions</b> (Please sign after reading terms and conditions)							
<input type="checkbox"/> Selecting this box confirms the above information will be the same for my W-9							
<input type="checkbox"/> I authorize Equity Marketing Group to enroll me as an Independent Agent.							
<input type="checkbox"/> I have read and understood the terms and conditions as outlined below.							
_____ Signature and Date							

Agent Approved Adjustment:

SP1      SPF      Date:      SP2      CK#      Date:      Client Initial: \_\_\_\_\_