

# EQUITY MARKETING GROUP

900 Circle 75 Parkway, Suite #1695, Atlanta, GA 30339

Office: (770) 952-5168 Fax: (877)206-6237 Email: info@ncesnow.org

## 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 \$199 (\$99 annual renewal)</b> <b>Payment Options: <input type="checkbox"/> Check <input type="checkbox"/> Money Order</b>							
Please mail payment and this signed application to:							
<b>Equity Marketing Group</b> <b>900 Circle 75 Parkway, Suite #1695</b> <b>Atlanta, GA 30339</b>							
<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: \_\_\_\_\_