

AGENT SETUP APPLICATION

Fax to Agent Sales/Service: **1-888-908-9086**

Company Name: _____

Doing Business As (D/B/A): _____

Your Name: _____ Title: _____ Phone#: _____

Type of Firm: Corporation Partnership Sole Proprietorship

Social Security Number/Federal Tax ID #: _____ - _____

Principal Business Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different than above): _____

Single Location Multi Location

QUAD #: _____

Company Code: _____ (up to 3 characters)

Home Phone ILEC **Area Code - Prefix:** _____ - _____

Ameritech BellSouth SWB Sprint Verizon Qwest Nevada Bell AllTel

Pac Bell CenturyTel

Contact: _____ Phone: _____ Fax: _____

Owner EMail _____ BP Sales Person: _____

ADMINISTRATOR: _____ **ADMIN. EMAIL:** _____

Agent Code/User Name: _____

Spanish Speaking Only: _____

Please list any holding companies, partnerships, or subsidiaries that are affiliated with your firm:

List the exact percentages of the ownership interests in your business:

Name	Percentage of Ownership
_____	_____
_____	_____
_____	_____
_____	_____

Owners and Officers

Name: _____ Title: _____ Date of Birth: ____ / ____ / ____

Address: _____ Social Security Number: _____ - _____ - _____

City: _____ State: _____ ZIP: _____

I authorize any person or credit reporting agency to compile and furnish to Budget PrePay®, Inc. any information it may have or obtain in response to an inquiry from Budget PrePay®, Inc.

Signature Date

Name: _____ Title: _____ Date of Birth: ____ / ____ / ____

Address: _____ Social Security Number: _____ - _____ - _____

City: _____ State: _____ ZIP: _____

I authorize any person or credit reporting agency to compile and furnish to Budget PrePay®, Inc. any information it may have or obtain in response to an inquiry from Budget PrePay®, Inc.

Signature Date