



## BROKER/AGENT CREDIT APPLICATION

To receive credit from A2Z Field Services all sections below must be completed, putting "N/A" where applicable.

<b>Business Name(s)</b> <small>*We require both your brokerage's name and your own company's name if applicable.</small>	<b>Tax ID(s) of Business (or SSN if sole proprietor)</b> <small>*We require ID numbers for both you and your brokerage (or your own company if applicable).</small>	
<b>Type of Business(s)</b> (Corp, LLC, Sole Proprietor, etc.)	<b>Primary Contact Name(s) &amp; Title(s)/Position(s)</b>	
<b>Physical Address(es)</b>	<b>Billing Address(es)</b>	
<b>Phone Number(s)</b>	<b>Email Address(es)</b>	
<b>Accounts Payable Contact</b>	<b>Accounts Payable Contact Phone Number(s)</b>	
<b>Alt. Payables Contact</b>	<b>Cell</b>	<b>Email</b>

I, the undersigned, do hereby lawfully attest that I am an authorized representative of the company (or companies) listed above. As such, I authorize A2Z Field Services to verify the information provided in this application. Also, I agree and understand that A2Z Field Services serves me and my company directly, and does not serve my clients directly. It is the sole responsibility of me and my company to pay all A2Z Field Services invoices fully and immediately upon receipt. Moreover, if I work under a brokerage and that brokerage refuses to release reimbursements or funds to me that are intended for the support of my business relations with A2Z Field Services or others, I will still personally assume full responsibility for all related A2Z Field Services invoices, paying them immediately upon receipt. The same is true regarding me and my company if someone, including an employee, manages to take, intercept, or steal reimbursements or funds that are intended to support my business relations with A2Z Field Services and others.

\_\_\_\_\_  
 Printed Full Name of Authorized Representative (First, MI, Last)

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date of Signature

\_\_\_\_\_  
 Signature of A2Z Field Services Representative

\_\_\_\_\_  
 Date of Signature