

Junior Executive Program Surge365 Business Associate Application

_ast Name City			
City	t-		
	State/Prov	ince	Zip/Postal
Email Addr	ess		
Other Count	ries: Citizen T	ax ID#/Driver	- 's License#/Passp
FEIN provided):			
ayment Informat	ion:		
	Date:	Security Co	ode
	Email Addre Other Count FEIN provided): ayment Informati	Email Address Other Countries: Citizen T FEIN provided): ayment Information: Exp. Date:	Email Address Other Countries: Citizen Tax ID#/Driver FEIN provided): ayment Information:

- · I have read, understand and agree to the Surge365 SBA Policies & Procedures available in the SBO.
- · I certify that the information provided is true and accurate.
- · I agree to be charged \$79 today plus tax where applicable and \$19.95 per month plus tax where applicable for the Surge365 Business Associate fee.

Applicant Signature

Date

NOTE: The Agreement must be signed and transmitted by e-mail and, if so, is intended to and will be treated as an original signature and considered to have the same binding effect as an original document with an original signature. Unless stated otherwise, all pricing listed is in USD.

E-mail completed application to: Support@Surge365.com