



Membership Application

Company Information - Please print in dark ink

Legal Business Name										Tax ID #:											
Doing Business As:										Product:											
Address:																					
City:								State:		Zip Code:											
Phone:						Ext:		Fax:													
Mailing Address																					
City:								State:		Zip Code:											
Business Type (check one)		Corporation State: _____			Sole Proprietorship			Partnership			Other _____										
Web site:		www. _____																			

Contact Information

Name:										Title:											
Cell #:								Driver's License		State:											
Home Ph:						SSN:		DOB:		M	M	D	D	Y	Y						
e-mail:										Direct Fax:											

Payment Options

Yes, the Application Fee was paid directly to my Independent ITEX Broker										Amount:									
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OPTION 1 - Cash Fees will be billed to my credit/debit card every four-week cycle.										VISA		MC		AMEX		Discover			
Card Number:										Expiration Date:		D	D	M	M	Y	Y	Y	Y
Billing Address:																			
City:								State:		Zip Code:									
Name on Card:																			

OPTION 2 - Cash Fees will be deducted from my checking account every four-week cycle.										Attach VOIDED Check with Application.									
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Signature (required for either Payment Option):										X									
--	--	--	--	--	--	--	--	--	--	----------	--	--	--	--	--	--	--	--	--

You will receive your statements via e-mail and online.										If you require a printed and mailed statement, check here. (\$1 statement fee will be assessed per cycle.)									
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I was referred by:					ITEX Acct. #:														
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Agreement

I request to subscribe to the record keeping and administrative services of ITEX Corporation and to participate in the ITEX Marketplace. I have received the Member Agreement, the Marketplace Rules and the Privacy Policy, the terms and conditions of which are herein incorporated by reference, which govern the use of my ITEX account, and I agree on behalf of the applicant and all authorized signatories to be bound by and comply with the terms and conditions of the Member Agreement, the Marketplace Rules and the Privacy Policy and any amendments thereto as may be posted on the ITEX website at www.itex.com. I have provided all the information on this application accurately, in good faith, and to the best of my knowledge. The undersigned has the authority to bind the applicant and all authorized signatories. This document, together with the Member Agreement, the Marketplace Rules, and the Privacy Policy, represents the complete agreement between the applicant and ITEX Corporation; there are no other representations made by ITEX Corporation. In the event of any disagreement, I agree to binding arbitration as specified in the Member Agreement. This agreement is not final unless and until this application is accepted by ITEX Corporation.

Signature: X _____										Date: _____									
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BROKER/ITEX USE ONLY										User ID Requested: _____		Password: _____	
Broker Code: _____					Account Number Issued: _____								
Line of Credit Requested: _____					Line of Credit Authorized: _____								