

MERCHANT INFORMATION

Name of Business _____

Address 1 / 2 _____

City _____ State _____ Zip Code _____

Business Telephone _____

PRIMARY CONTACT

Name _____

Email _____ Mobile Phone _____

TYPE OF BUSINESS

Type of Business _____ Cuisine Type (If Applicable) _____

Number of Years in Business _____ Number of Locations _____

Who Were You Referred By? _____

NOTE: If you are enrolling multiple locations, additional locations may be listed on the reverse side of this sheet.

MEMBERSHIP DUES SCHEDULE

- YEARLY: \$250**
 - Check
 - Credit/Debit

NOTE: Yearly dues may be paid with check or credit card.

AUTHORIZATION

By my signature below, I am confirming that I am an authorized agent of the business and that I agree to participate in the Hospitality Business Alliance and to be billed for my membership by the method selected above. I understand that the benefits offered to members may only be accessed through a membership that has been paid in full; failure to render payment for said membership will result in termination of member privileges.

Signature of Authorized Party _____ Date _____

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All Information will remain confidential

CREDIT INFORMATION

Name on Card _____

Billing Address _____

_____ State _____ Zip Code _____

Credit Card Type Visa Mastercard Discover American Express

Credit Card Number _____

Expiration Date _____ (MM/YY)

Card Identification Number _____
(last 3 digits located on the back of the credit card)

Amount to Charge \$ _____ (USD)

AUTHORIZATION

I authorize Hospitality Business Alliance to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

CARDHOLDER / Please Sign & Date

Signature _____ Date _____

Print Name _____

SEND COMPLETED APPLICATIONS TO:

Hospitality Business Alliance, P.O. Box 3233, Rock Island, IL 61204