

Business Entity Application and Agreement

If you are applying to become an eCosway Independent Business Owner using any business form other than a sole proprietorship, this Application and Agreement must be completed and submitted with your Independent Business Owner Application and Agreement.

Indep	endent Business Owner Information	1		
Federa	l Tax ID Number of Applicant Entity	:		
Name	of Business Entity:			
Contac	ct Person:	ne)		(Last Name)
	(Flist Nal	ne)		(Last Name)
	ess Office Address Line 1:			_
City:		State:	Zip Code:	
Busine	ess Telephone:	Cell Phone:		
E-mail	l:			_
1.	Type of business entity (select one) □ Corporation □ Limited Liability Company □ Partnership □ Trust			
2.		Independent Business Owner's bus Policies & Procedures for a descript		
3.	Sponsor Information ID Number: Name:		_	
4.	Identities of ALL partners, member necessary. Attach additional pages		directors, trustees,	or other participants are
	Name: (First Name)	(Last N	Jame)	
	Addross			

Address:		
City :	State :	Zip Code : -
Day Tel. :	Cell Phone :	
E-mail :		
Signature :		

All members, managers, shareholders, trustees, partners, or others with any ownership interest in the business entity (collectively "Owners") shall be jointly and severally liable for all contracts entered into with eCosway. Each Owner is individually bound to and must comply with the terms and conditions of the eCosway Independent Business Owner Application and Agreement, eCosway Policies and Procedures and eCosway Profit Plan. Violation of the eCosway Independent Business Owner Agreement and/or eCosway Policies and Procedures and/or eCosway Profit Plan by any Owner or member of management of the Business Entity shall be jointly and severally imputed to the Entity and all Owners or persons with managerial responsibility for the Entity. Failure to list all appropriate persons on this Application and Agreement shall be grounds for disciplinary sanctions as described in the eCosway Policies and Procedures.

Additional Identities of Partners, Members, Managers, Shareholders, Officers, Directors, or Trustees

Name: (First Name)	(Last Name)		
Address:			
	State -	7 in Codo .	
City :	State :	Zip Code : -	
Day Tel. :	Cell Phone :		
E-mail :			
Signature :			

Name: (First Name)	(Last Name)		
Address:			
City :	State :	Zip Code : -	
	State .		
Day Tel. :	Cell Phone :		
E-mail :			
Signature :			

Name: (First Name)	(Last Name)		
Address:			
	T		
City :	State :	Zip Code : -	
Day Tel:	Cell Phone :		
E-mail :			
Signature :			

Name: (First Name)	t Name) (Last Name)	
Address:		
City :	State :	Zip Code : -
Day Tel. :	Cell Phone :	
E-mail :	·	
Signature :		