

Business Entity Application

Over The Horizons Business Relations Department PO Box 579 Neosho, MO. 64850

A OTH Member Registration & Agreement Form must be Read, Signed, & Dated and sent in with this Form

If you are applying to become a Member of Over The Horizons (OTH) using any business other than a sole proprietorship, this form must be completed and submitted with your OTH Business Member Application and Agreement. This application is incorporated into your Member Agreement. Any intentional misrepresentation of information on this form is grounds for disciplinary action.

Regardless of the form of OTH Members business entry format, each partner, director, share-holder, member, trustee, manager, employee or other individual affiliated with the business entity shall be responsible for complying with OTH Policies & Procedures. Any violation by any one individual shall be grounds for disciplinary action against the entity.

Member Information

Federal Tax ID Number of Applicant Entity

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Name of Corporation, Partnership, Trust or DBA					
Street Address	Suite No.	P.O. Box	City	State	Zip

Contact Person	Title	Email
Business Phone # ()	Fax Number ()	Alt. Number ()

1.) Type of business entity (Check One):

Proprietorship doing business under an assumed name - Complete Question #4.

Corporation - Complete Question #5.

Partnership - Complete Question #6.

Trust - Complete Question #7.

Other - (Describe): _____

2.) Transfer of ownership interests in the OTH Business by an entity are subject to OTH's Policies and procedures. See OTH Policies and Procedures for a description of OTH's Transfer Policy.

3. Sponsor Name	Sponsor ID #	Sponsor Phone # ()
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Please Print Legibly



Assumed Name

4.) If you applying as a proprietorship operating under an assumed name, please complete the following;

I/We hereby apply for a Over The Horizons independent business using the name:

The undersigned acknowledge that each is authorized to sign any document necessary to conduct business with OTH, and is liable for all contracts entered into with OTH jointly and severally. Each acknowledges that they are personally and individually bound to, and must comply with, the terms and conditions of OTH Member Application and Agreement, Policies and Procedures, and the Marketing and Compensation Plan. Each owner must provide information and sign. Use additional sheets if necessary.

(Printed)

Name of Owner/Title;	Signature X
SSN	Phone # ()

(Printed)

Name of Owner/Title;	Signature X
SSN	Phone # ()

(Printed)

Name of Owner/Title;	Signature X
SSN	Phone # ()

(Printed)

Name of Owner/Title;	Signature X
SSN	Phone # ()

Please Print Legibly

Corporation

5. If you are applying for a membership as a corporation, please complete the following information:

a. Name of Corporation: _____

b. State of Incorporation: _____

c. List the following information for all shareholders, directors, and officers:

(Please Print)

Use Additional Pages If Necessary

Name	Title/Position
SSN	Phone # ()

Street Address	City	State	Zip Code
Email Address;			

(Please Print)

Name	Title/Position
SSN	Phone # ()

Street Address	City	State	Zip Code
Email Address;			

Resolved that _____ (name of Corporation) is authorized to enter into the OTH Independent Member Application and Agreement with OTH and to execute any and all documents necessary to conduct business with OTH. We certify that this resolution was adopted by the Board of Directors of _____ (name of Corporation) on _____ (date) at a meeting of the Directors properly called, and shall continue in effect until rescinded by resolution duly adopted by the Board of Directors of this Corporation, notice of which shall be signed by the President of this Corporation and provided to OTH. Each shareholder, director, and officer acknowledges that, in addition to the obligations and responsibilities of the Corporation, they are personally and individually bound to, and must comply with, the terms and conditions of the OTH Member Application and Agreement, Policies and Procedures, and Marketing and Compensation Plan.

President Signature X	Printed Name	Date (MM/DD/YYYY)
Secretary Signature X	Printed Name	Date (MM/DD/YYYY)

ATTACH A TRUE AND CORRECT COPY OF THE ARTICLES OF INCORPORATION WHICH WERE FILED WITH THE STATE IN WHICH THE CORPORATION IS ORGANIZED

Please Print Legibly

Partnerships

6. If you are applying as a partnership, please complete the following:

a. Name of Partnership: _____

b. We, the undersigned Partners of (name of partnership) _____
 have formed this Partnership under an agreement dated _____ for the purpose of conducting business as
 OTH Member(s). We certify that the names, Social Security Numbers, addresses, and phone numbers of the partners in this
 Partnership are as follows:

(Please Print)

Use Additional Pages If Necessary

Name	Title/Position
SSN	Phone # ()

Street Address	City	State	Zip Code
Email Address;			

(Please Print)

Name	Title/Position
SSN	Phone # ()

Street Address	City	State	Zip Code
Email Address;			

Each partner is authorized to sign any document necessary to conduct business with OTH, and is liable for all contracts entered into with OTH by the Partnership both jointly and severally. Each partner acknowledges that, in addition to the obligations and responsibilities of the Partnership, they are personally and individually bound to, and must comply with, the terms and conditions of the OTH Member Application and Agreement, Policies and Procedures, and Marketing and Compensation Plan.

Partners Signature X	Printed Name	Date (MM/DD/YYYY)
Partners Signature X	Printed Name	Date (MM/DD/YYYY)

ATTACH A TRUE AND CORRECT COPY OF THE PARTNERSHIP AGREEMENT
 Please Print Legibly

Trusts

7. If you are applying as a trust, please complete the following information:

a. Name of Trust: _____

b. List the following information for all trustees:

(Please Print)

Use Additional Pages If Necessary

Name	Title/Position
SSN	Phone # ()

Street Address	City	State	Zip Code
Email Address;			

(Please Print)

Name	Title/Position
SSN	Phone # ()

Street Address	City	State	Zip Code
Email Address;			

I/We certify that I/we am/are the trustee(s) of the above-described trust created on _____. I/We certify that I/we am/are authorized to enter into the Member Agreement with OTH and to sign any documents necessary to do business as an Independent Member of OTH. Each trustee acknowledges that, in addition to the obligations and responsibilities of the trust, they are personally and individually bound to, and must comply with, the terms and conditions of the OTH Member Application and Agreement, Policies and Procedures, and Marketing and Compensation Plan.

Trustee Signature X	Printed Name	Date (MM/DD/YYYY)
Trustee Signature X	Printed Name	Date (MM/DD/YYYY)

ATTACH A TRUE AND CORRECT COPY OF THE TRUST DOCUMENT

Please Print Legibly



Notary Section

State/Commonwealth of _____ County of _____

On this _____ day of _____, _____, before me,
Day Month Year

_____, the undersigned Notary Public,
Name of Notary Public

personally appeared _____,
Name(s) of Signers

Personally Known to me -OR-

Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

LEASE NOTE: THIS DOCUMENT MUST BE NOTARIZED BELOW, PRIOR TO SUBMISSION TO OVER THE HORIZONS (OTH), ATTENTION: COMPLIANCE DEPARTMENT.

Witness my hand and official seal
Signature of Notary Public:

X _____
Print Name of Notary:

Commission Expiration Date:

Stamp Notary Seal and/or Stamp Above

This form Must be taken to an Notarize