

# Agent contracting transmittal form.

**Please return to:**

By fax: 818-776-9865

By mail: **Oleg Skurskiy** 18375 Ventura Blvd. # 226 Tarzana, CA 91356

To ensure timely contracting, you should enclose with this transmittal.

Agent's Name: \_\_\_\_\_

Agent's Phone Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Application for Agent Agreement

## Entity information (If an entity is the applicant)

Entity name \_\_\_\_\_ Tax I.D. number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Corporation     Partnership     Sole proprietorship     LLC

## Financial guaranty and certification

The undersigned, jointly and severally, unconditionally guaranty the full and faithful performance of each and every obligation of the applicant under the Agent Agreement, including any applicable addenda. In the case of an applicant contracted individually and subsequently becoming a principal in an entity, the guaranty of all guarantors runs to the entity; in the case of an entity which ceases to exist for any reason, the undersigned principals of an agent entity agree that the obligations of the entity will become those of the principals. The undersigned waive notice of acceptance, presentation and protest and any other notice with respect to the obligations guaranteed hereby. Furthermore, each of the undersigned certifies that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for the Company.

✕ \_\_\_\_\_  
Signature(s) of principal equity holders of entity, as individuals. **Omit corporate title.** Please print name(s)

✕ \_\_\_\_\_  
Signature(s) of officer/partner/chief manager  
Field Marketing Organization      Signature(s) of individual **general agent** or principal equity holders of  
General Agent. **Omit corporate title.**

## Authorization for automatic deposits

**Please complete all information. Commissions are sent daily through automatic deposit.**

I hereby authorize the Company to pay my commissions even faster by depositing my commissions through electronic funds transfer.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it.

Account name \_\_\_\_\_ (Please print)      Account number \_\_\_\_\_

Financial institution's telephone (\_\_\_\_\_) \_\_\_\_\_      Must attach:  Voided check for checking account  
 Deposit slip for savings account

Applicant's signature ✕ \_\_\_\_\_  
(Include title, if entity account)