

AMERICAN FEDERATION OF ASTROLOGERS, INC.

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PLEASE COMPLETE THE FOLLOWING:

NAME OF STORE/BUSINESS: _____

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TYPE OF BUSINESS (check one)

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION

NAME OF OWNER/OFFICER: _____

FEDERAL ID # _____ (PARTNERSHIPS OR CORPORATIONS)

SOCIAL SECURITY # _____ (SOLE PROPRIETORSHIP)

RESALE TAX # _____

REFERNECES:

NAME: _____ NAME: _____

ADDRESS _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

BANK INFORMATION: (including the Branch#)

NAME _____ ACCOUNT#: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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NOTE: PRICES AND DISCOUNTS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION.

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