

TVC MEMBERSHIP APPLICATION

TVC Marketing Associates, Inc.[®] and Subsidiaries
PRINT ONLY

Social Security Number/Social Insurance Number (**MUST** be filled out)

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Enrollment Date ____ / ____ / ____ Time ____ am/pm
Mo Day Yr

Pre-Existing Period Ends ____ / ____ / ____
Mo Day Yr

Name _____
Last First Middle

DOB ____ DL# ____ ST ____

Email: _____

Mailing Address _____

City _____ State/Prov. ____ Postal Code ____

Country: ____ Phone: Area Code (____) _____

Employer _____

City and State _____

Dispatch 800 No. _____ TK/Code # _____

I hereby acknowledge that on the date hereof, I purchased this contract at:

City _____ State _____

Truck Stop (if applicable) _____

X _____
Signature of Applicant

Selling Associate No:

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Selling Associate Name: _____

X _____
Signature of Selling Associate

Benefits pending application processibility and current member dues.

SELECT ONE OF THE TWO (2) PAYMENT OPTIONS BELOW

Please indicate initial payment option as well as continuing payment option.

1. Bank Draft AUTHORIZATION TO HONOR CHECKS OR ELECTRONIC TRANSFERS drawn by and payable for Premium/Bond Forfeiture, Pre-Existing fees, fines or other costs. I hereby authorize TVC MARKETING ASSOCIATES, INC.[®] of Oklahoma City, OK to charge/draft my checking account from the financial institution listed below. I agree that if any charge is dishonored, whether intentionally or inadvertently, TVC MARKETING ASSOCIATES, INC.[®] shall be under no liability whatsoever. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL TVC MARKETING ASSOCIATES, INC.[®] RECEIVES WRITTEN NOTIFICATION FROM ME REVOKING THE AUTHORIZATION. In the case of electronic funds transfer, we indemnify against the National Automated Clearing House and local clearing house rules. Furthermore, in the event that the information I have provided is incorrect or incomplete, I authorize my financial institution to provide TVC MARKETING ASSOCIATES, INC.[®] the information necessary to successfully draft this account.

Bank Credit Union

Institution Name: _____

Address: _____

I wish to pay:

Initial Draft: ____ month(s) @ ____ + Pre Fee \$ ____ = \$ ____

First Month Last Month

Monthly Draft: \$ ____ Semi-Annual Draft: \$ ____

Annual Draft: \$ ____ Quarterly Draft: \$ ____

X _____
SIGNATURE OF APPLICANT

Checking Account
(Attach check from Acct. to be drafted)

Account No. _____

Savings Account

Institution Transit No.

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2. Charge Card I hereby authorize TVC MARKETING ASSOCIATES, INC.[®] of Oklahoma City, OK to charge my credit card listed below for Premiums or costs, variously consisting of amounts for Bond Forfeiture, Pre-Existing fees, fines or other costs. I agree that if any charge is dishonored, whether intentionally or inadvertently, TVC MARKETING ASSOCIATES, INC.[®] shall be under no liability whatsoever. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL TVC MARKETING ASSOCIATES, INC.[®] RECEIVES WRITTEN NOTIFICATION FROM ME REVOKING THE AUTHORIZATION. Furthermore, in the event that the information I have provided is incorrect or incomplete, I authorize my credit card company to provide TVC MARKETING ASSOCIATES, INC. the information necessary to successfully charge my account.

MasterCard Visa AmEx Discover

I wish to pay:

Initial Charge: ____ month(s) \$ ____ + Pre Fee \$ ____ = \$ ____

First Month Last Month

Card# _____

Exp. Date _____

Monthly Charge: \$ ____ Semi-Annual Charge: \$ ____

Annual Charge: \$ ____ Quarterly Charge: \$ ____

X _____
Signature of Cardholder

Office Use Only

DE _____ STAT _____
_____ CK _____ CA _____ MO
_____ BD _____ EFT
COMM.

Plan (Please check one) :

- Plat
- Green
- SBCA
- Other _____
(if other, please list)

Motor Club

MC
 100+
#Autos

--

Total Enclosed

Make payable to TVC Marketing Associates, Inc.[®]

First Month
 Last Month
 Pre-Existing

Paid by :

Check Cash Money Order

***This enrollment application, your handbook, and your Member/Bond card, together constitute your membership contract.

©TVC MARKETING ASSOCIATES, INC.

3200 W. Wilshire Blvd. Oklahoma City, OK. 73116 (405) 843-2722 01/97