

# TVC MEMBERSHIP APPLICATION

TVC Marketing Associates, Inc.® and Subsidiaries

PRINT ONLY

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

|  |  |  |   |  |  |   |  |  |  |
|--|--|--|---|--|--|---|--|--|--|
|  |  |  | - |  |  | - |  |  |  |
|--|--|--|---|--|--|---|--|--|--|

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 ( ) \_\_\_\_\_

Benefits pending application processibility and current member dues.

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:

|  |  |  |   |  |  |   |  |  |  |
|--|--|--|---|--|--|---|--|--|--|
|  |  |  | - |  |  | - |  |  |  |
|--|--|--|---|--|--|---|--|--|--|

Selling Associate Name: \_\_\_\_\_

X \_\_\_\_\_  
 Signature of Selling Associate

## 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: \$ \_\_\_\_\_

Checking Account

(Attach check from Acct. to be drafted)

Account No. \_\_\_\_\_

Institution Transit No

Savings Account

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

X \_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**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 \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Exp. Date

First Month  Last Month

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

X \_\_\_\_\_

Annual Charge: \$ \_\_\_\_\_  Quarterly Charge: \$ \_\_\_\_\_

**Signature of Cardholder**

### Office Use Only

DE \_\_\_\_\_ STAT \_\_\_\_\_

\_\_\_\_\_ CK \_\_\_\_\_ CA \_\_\_\_\_ MO \_\_\_\_\_  
 \_\_\_\_\_ BD \_\_\_\_\_ CC \_\_\_\_\_ EFT \_\_\_\_\_

COMM. \_\_\_\_\_

Plan (Please check one) :

Platinum

Gold

Silver

Other \_\_\_\_\_

(if other, please list)

**Motor Club**

MC

100+

#Autos

|  |
|--|
|  |
|--|

### Total Enclosed

Make payable to TVC Marketing Associates, Inc.®

\$ \_\_\_\_\_ enclosed  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.