



Communities In Partnership, Corp.
 90 Park Avenue, Suite 1710
 New York, NY 10016
 Phone: 866-247-7697 * Fax: 866-290-8125

The CIP-WAY™ Non Profit Pre-Application

Please call us at 866-CIP-POWR (247-7697) if you need assistance in completing this application or if you have any questions about the program, that's not covered in the literature.

		CIP NPO ID #	
Company/NPO Information			
Company Legal Name:		Date:	
Trade Name (DBA):		Number of Locations:	
Business Contact			
Name:			
Title:	Tax ID #:	Home Phone: ()	
Address:	Office Phone: ()	Cell Phone: ()	
City:	State:	Zip:	
Fax: ()	Website:	E-mail:	
Operations / Financial Contact		<input type="checkbox"/> Same as Business Contact	
Name:			
Title:	Office Phone: ()	Home Phone: ()	
Address:			
City:	State:	Zip:	
Fax: ()	Website:	E-mail:	
NPO Application – Additional Locations			
Additional Location: NPO ID (approximately 16 digit number) <input type="checkbox"/> Same as Main Location			
Location Name/Identifier:			
Contact:	<input type="checkbox"/> Same as business contact		Phone: ()
Address:		E-mail:	
City:	State:	Zip:	

Business Overview

Years in Business:

of Employees:

Main Product(s) or Service(s):

NPO Give back rate

Please indicate the amount of your giveback rebate you desire, up to a max of 60%:

30% 35% 40% 45% 50% 55% 60%

Cards Accepted

CREDIT CARDS

DEBIT CARDS

Visa

Mastercard

PIN Pad Available

American Express

Diners Club

Other

Other

Notes: _____

NPO Terms and Conditions

The amount of the ACH shall be in accordance with the Agreement between CIP Corp. and the NPO listed above and according to agreed percentages.

I, the undersigned, also do hereby acknowledge that the information provided above is true and accurate and I agree to comply with the rules and regulations of the **A\$SETCARD™** NPO Membership contained in the **A\$SETCARD™** Membership Agreement/Policies & Procedures. I understand that CIP may from time to time, amend said rules and regulations. I further acknowledge that I am authorized by the manager and/or owner(s) of the commercial establishment named above to enter into this agreement on its behalf and to participate in the giveback/rebate program of CIP Corp., until written notice of termination by either party is provided.

Agreements and Signatures

PLEASE TYPE/PRINT YOUR NAME HERE _____

By entering my name below, I certify that I have read, met and agreed to all of the terms, conditions and disclosures linked to this application.

Authorized Signer: _____

Date: _____

FOR OFFICE USE ONLY

Application Received on: _____ Approved Disapproved Pending

Authorized CIP Representative: _____ Date: _____