



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

## The CIP-WAY™ 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.

		<b>CIP CLIENT ID #</b>	
<b>Company/NPO Information</b>			
Company Legal Name:		Date:	
Trade Name (DBA):		Number of Locations:	
<b>Business Contact</b>			
Name:			
Title:	Tax ID #:	Home Phone: ( )	
Address:	Office Phone: ( )	Cell Phone: ( )	
City:	State:	Zip:	
Fax: ( )	Website:	E-mail:	
<b>Operations / Financial Contact</b>		<input type="checkbox"/> Same as Business Contact	
Name:			
Title:	Office Phone: ( )	Home Phone: ( )	
Address:			
City:	State:	Zip:	
Fax: ( )	Website:	E-mail:	
<b>Additional Locations</b>			
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%:

2%       5%       10%       15%       20%       25%       Other \_\_\_\_\_%

**Cards Accepted**

**CREDIT CARDS**

**DEBIT CARDS**

Visa

Mastercard

PIN Pad Available

American Express

Diners Club

Other

Other

Notes: \_\_\_\_\_

**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: \_\_\_\_\_