



**Make More. Travel More. Save More.**  
**SURGE365 BUSINESS ASSOCIATE APPLICATION**

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Name of Person Referred by \_\_\_\_\_ SBA ID# \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Personal Information:**

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

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US/Canada Tax ID# (circle one) SSN/FEIN/SIN \_\_\_\_\_ Other Countries: Citizen Tax ID#/Driver's License#/Passport # \_\_\_\_\_

**Account Type** (circle one): Personal / Business

If US Business, name of business (must match US FEIN provided): \_\_\_\_\_

**Payment Information:**

Name on Account/Credit Card: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

By signing below

- I have read, understand and agree to the Surge365 SBA Policies & Procedures available in the SBO.
- I certify that the information provided is true and accurate.
- I agree to be charged \$39 yearly for the Surge365 Business Associate fee.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The Agreement must be signed and transmitted by e-mail and, if so, is intended to and will be treated as an original signature and considered to have the same binding effect as an original document with an original signature.

E-mail completed application to: [Support@Surge365.com](mailto:Support@Surge365.com)