

MEMBER INFORMATION

Member Name		Member No.
Street		
City/State/Zip		
Home Phone		Cell Phone
E-mail		
Type of Entity: ☐ Corporation ☐ Partnership ☐ Unincorporated Organization ☐ Limited Liability Company ☐ Sole Proprietorship ☐ General ☐ Partnership ☐ Limited Liability Select Classification Code: ☐ 1 - Nonprofit/Religious ☐ 2 - Corporation ☐ 3 - Partnership ☐ 4 - Limited Liability ☐ 5 - Other		
Other Remarks:		
☐ Forward authorized to Member account information		
Is more than one signature required to transfer funds? ☐ No ☐ Yes - How many?		

AUTHORIZED SIGNER

By signing this authorization, each of the signers hereby, and jointly and severally, agrees that the terms of the "MEMBERSHIP AND ACCOUNT AGREEMENT" between Nizar Inc. and the Member(s) hereby create a fully enforceable contract between the Member(s) and Nizar Inc. and that the Member(s) hereby agree to be bound by the terms of the Membership and Account Agreement, Account Card, Trade Invoicing Statement, and Funds Availability Policy Statement, if applicable, as incorporated by this credit card authorization to Nizar.

Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date
Name	Title	Signature	Date

CERTIFICATE OF AUTHORITY

- The Member(s) hereby agree to the "MEMBERSHIP AND ACCOUNT AGREEMENT" between Nizar Inc. and the Member(s) hereby create a fully enforceable contract between the Member(s) and Nizar Inc. and that the Member(s) hereby agree to be bound by the terms of the Membership and Account Agreement, Account Card, Trade Invoicing Statement, and Funds Availability Policy Statement, if applicable, as incorporated by this credit card authorization to Nizar.
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Print Name (Last, First and Middle Initial)		☐ All Account Card
Signature	Print Name	Member Number
Authorized Account Number		
☐ Corporate Cardholder ☐ Non-Corporate Cardholder ☐ Partnership Agreement ☐ Other		