

# Business Entity Application



5LINX • 400 Andrews Street, Suite 400 Rochester, New York 14604  
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 5LINX.com



\*If your distributorship will be owned by a corporation, partnership or trust, or will be operated under an assumed name (e.g., XYZ Enterprises or John Doe and Associates); the 5LINX Business Entity Application must be submitted with the paper or online Independent Representative Application and Agreement. All business entity applications must be accompanied by proof of government issued tax identification. No commissions will be released until all documentation is received.

## DISTRIBUTOR INFORMATION • PLEASE TYPE OR PRINT CLEARLY

Name of Corporation, Partnership, Trust		Federal Tax ID Number (EIN)	
Contact		Representative Identification Number (RIN)	
Address		Suite	PO
City	State	Zip	
Phone	Fax	Email	

**Governing Law; Venue, and Arbitration:** This Acknowledgment will be governed by and construed in accordance with the laws of the State of New York without regard to conflict of laws principles. As set forth in Sections 13.3 and 13.4 of the 5LINX Policies & Procedures, certain disputes between me and 5LINX will be governed by arbitration and all disputes will be heard in arbitration or in court in Monroe County, New York. I agree I have reviewed Sections 13.3 and 13.4 of the 5LINX Policies & Procedures and will comply with its requirements.

**Sale, Transfer, or Assignment of 5LINX Representative Position:** Transfers of ownership interests in a 5LINX business by an entity are subject to the 5LINX Statement of Policies and Procedures. See 5LINX Statement of Policies and Procedures for a description of the Sale, Transfer, or Assignment of 5LINX Representative Position Policy.

### Type of Business Entity (check one):

- Proprietorship doing business under an assumed name (Complete Section 1)
- Corporation (Complete Section 2)
- Partnership (Complete Section 3)
- Trust (Complete Section 4)
- Other (Describe): \_\_\_\_\_

### Section 1: PROPRIETORSHIP

If you are applying as a proprietorship operating under an assumed name, please complete the following:

I/We hereby apply for a 5LINX Independent business using the name: \_\_\_\_\_

The undersigned acknowledge that each is authorized to sign any document necessary to conduct business with 5LINX and is liable for all contracts entered into with 5LINX jointly and severally. Each acknowledges that they are personally and individually bound to and must comply with the terms and conditions of the 5LINX Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.

Name of Owner (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Owner (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF DOCUMENTATION FILED WITH THE STATE IN WHICH THIS PROPRIETORSHIP RESIDES.**

**Section 2: CORPORATION**

If you are applying for a distributorship as a corporation, please complete the following information:

Name of Corporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

List the following information for all shareholders, directors and officers (Use additional pages if necessary):

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Resolved that \_\_\_\_\_ (Name of Corporation) is authorized to enter into 5LINX Independent Representative Application and Agreement with 5LINX and to execute any and all documents necessary to conduct business with 5LINX. We certify that this resolution was adopted by the Board of Directors of \_\_\_\_\_ (Name of Corporation) on \_\_\_\_\_ (Dated) at a meeting of the Directors properly called and shall continue in effect until rescinded by resolution duly adopted by the Board of Directors of this corporation, notice of which shall be signed by the President of this Corporation and provided to 5LINX. Each shareholder, director and officer acknowledges that, in addition to the obligations and responsibilities of the corporation, they are personally and individually bound to and must comply with the terms and conditions of the 5LINX Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.

President \_\_\_\_\_

Secretary \_\_\_\_\_

[Corporate Seal]

**ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF THE ARTICLES OF INCORPORATION WHICH WERE FILED WITH THE STATE IN WHICH THE CORPORATION IS ORGANIZED.**

**Section 3: PARTNERSHIP**

If you are applying as a partnership, please complete the following information:

Name of Partnership: \_\_\_\_\_

We, the undersigned partners of \_\_\_\_\_ (Name of Partnership), have formed this partnership under an agreement dated \_\_\_\_\_ (Date) for the purpose of conducting business as a 5LINX Independent Representative. We certify that the names, Social Security Numbers, addresses and phone numbers of the partners in this partnership are as follows (use additional pages if necessary):

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Each partner is authorized to sign any document necessary to conduct business with 5LINX, and is liable for all contracts entered into with 5LINX by the partnership both jointly and severally. Each partner acknowledges that, in addition to the obligations and responsibilities of the partnership, they are personally and individually bound to and must comply with the terms and conditions of the 5LINX Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.

Partners' signatures:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF THE PARTNERSHIP AGREEMENT.**

**Section 4: TRUST**

If you are applying as a trust, please complete the following information:

Name of Trust: \_\_\_\_\_

List the following information for all trustees (use additional pages if necessary):

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

I/We certify that I/we am/are the trustee(s) of the above-described trust created on \_\_\_\_\_ (Date) . I/We certify that I/we am/are authorized to enter into the Independent Representative Agreement with 5LINX and to sign any documents necessary to do business as a 5LINX Independent Representative. Each trustee acknowledges that, in addition to the obligations and responsibilities of the trust, they are personally and individually bound to and must comply with the terms and conditions of the Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.

Name of Trustee (Printed):Partners' signatures:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF THE TRUST DOCUMENT.**

Once complete, a scanned copy of the application, proof of government issued tax identification and any necessary documents must be faxed to 585-359-0233 Attn: Representative Services Department, or emailed to RepServices@5LINX.com, or mailed to: 400 Andrews Street, Suite 400, Rochester NY, 14604 Attn: Representative Services Department