



National Commercial Exchange, Inc.

CLIENT APPLICATION

2418 Northline Industrial Dr. Maryland Heights, MO 63043
 Office: (314) 567-7890 Fax: (314) 567-7845
 E-mail: trade@ncebarter.com Web site: www.ncebarter.com

Date: _____
 Assigned Account Number: _____
 Client E-mail: _____
 Client Web Site: _____

BUSINESS NAME BUSINESS PHONE FAX

BUSINESS ADDRESS CITY ZIP

PRINCIPAL'S NAME TITLE SOCIAL SECURITY & FEDERAL I.D.

HOME ADDRESS CITY ZIP PHONE

Name of Bank _____

Registered Agent _____

PRODUCTS/SERVICES OFFERED:

PERSON TO HANDLE TRANSACTIONS:
 1.) _____
 2.) _____

SPENDERS ON ACCOUNT
 1.) _____
 2.) _____

Mail all statements/Correspondence to:
 Name & Title _____
 Address _____
 City State Zip _____

Would you like to be listed in the directory? Yes _____ No _____
 Under what headings?
 1.) _____
 2.) _____

The above applicant applies for membership in N.C.E. and agrees to abide by the current trading procedures. Applicant understands that if accepted, he or she will pay an initial membership of \$595 cash, 12% cash commissions with auto pay, 15% without auto pay on all exchange purchases and a \$5.00 monthly service fee. BEGINNING WITH THE SECOND YEAR OF MEMBERSHIP, APPLICANT AGREES TO PAY ANNUAL DUES IN THE AMOUNT OF \$125 PER YEAR TO BE PAID IN CASH AND \$250 TO BE PAID IN TRADE.

X _____ X _____ X _____
 Applicant Spouse Account Executive

If applicant is a corporation, the above signed individual agrees that he shall be personally liable for any cash commissions or deficit which exists in the account in the event of default or account termination. I agree to allow N.C.E. to run any credit reports necessary on my corporation or myself personally in order to determine any extension of credit

Received Trading Policies & Procedures X _____ X _____ (officer) Date: _____

AUTOMATIC PAYMENT INFORMATION

OPTION NUMBER 1 - PAYMENT BY CREDIT CARD

<input type="checkbox"/> I hereby authorize NCE to bill my VISA, MasterCard or American Express accounts for cash due on my NCE account.	CIRCLE ONE	EXP. DATE	CREDIT CARD NUMBER	NAME ON CARD

OPTION NUMBER 2 - PAYMENT BY ELECTRONIC FUNDS TRANSFER

I hereby authorize NCE to initiate debit entries to my checking account at the financial institution indicated on the attached voided check. **VOIDED CHECK MUST BE ATTACHED**

AGREEMENT

I have read and received the Trading Rules governing the use of an NCE account and agree on behalf of my company, myself, and all authorized signatories to comply with all the terms in the Rules and any amendments thereto. I have provided all information accurately, in good faith, and to the best of my knowledge. I authorize NCE to collect fees in accordance with the above automatic payment information.

APPLICANT'S SIGNATURE: X	SS# OF SIGNER	DATE SIGNED
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