



Business Enrollment Form
P.O.Box 224767 Dallas, TX 75222-4767

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ POSITION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EXT: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

ALLIANCE ID: \_\_\_\_\_ Promo Code: \_\_\_\_\_ Coupon Code: \_\_\_\_\_

BILLING INFORMATION Please indicate your billing method below

\_\_\_\_\_ List Bill

\_\_\_\_\_ Automatic Monthly Withdrawal for Company Checking Account

Account holder name: \_\_\_\_\_
Financial Institute: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
Transit or Routing # (Must be 9 digits): \_\_\_\_\_
Account # \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Automatic monthly charge to a Credit Card

MasterCard  Visa  American Express  Discover

Card holder's name: \_\_\_\_\_
Card Number \_\_\_\_\_ Exp date: \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date: \_\_\_\_\_

MEMBERSHIP INFORMATION

- \_\_\_\_\_ NO. of IAB Security  \$49.95/mth Individual & Family
\_\_\_\_\_ NO. of IAB Standard  \$83.90/mth Individual & Family
\_\_\_\_\_ NO. of IAB Std w/ Upgrade A  \$199.95/mth Individual  \$234.95/mth Family
\_\_\_\_\_ NO. of IAB Std w/ Upgrade B  \$229.95/mth Individual  \$298.95/mth Family
\_\_\_\_\_ NO. of IAB Medical Savings Plan  \$15.95/mth

\_\_\_\_\_ Total Processing fee collected
\_\_\_\_\_ Total Membership Dues collected
\_\_\_\_\_ Total Initial Payment collected