

PlateTrax.Com, LLC. Affiliate Application

Company Information							
Company Name:				How long in business?			
Company Address:				Phone:			
City:	State:	Zip:	Annual Gross Revenue:				
Owner Name:							
Co-Owner Name:							
Number of Employees:		Number of Trucks:		Avg # of Assignments Each Month:			
Insurer:		Amount of Insurance:		Insurer Phone:			
Compliance							
Are you Compliant?	GLB (Graham Leach Bliley)		Yes	No	CFPB	Yes	No
Authenticating Authority?							
Storage Location(s) list up to 3							
Location address			City	State	Zip		
Major Clients list up to 3							
Client Name		Contact Name		Email Contact		Phone	
RepoSystems.Com							
Are you a current subscriber or have you ever created a RepoSystems.Com Profile?				Yes	No		
Signature of Applicant (owner)					Date		
Signature of Co-Applicant, if for joint account (co-owner)					Date		

(end of application)

Please Fax the printed and signed form to
214.853.5327