



**BUSINESS PARTNER APPLICATION**

**Please Complete ALL Fields**

Full Name of the Person Who Referred You \_\_\_\_\_

Your Name (first and Last) \_\_\_\_\_  
Company Name (if appropriate) \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_

I choose to be: (pick one)

<input type="checkbox"/> An Affiliate - \$19.99 to join	<input type="checkbox"/> An Agent - \$199.99 to join
<input type="checkbox"/> An Associate - \$499.99 to join	<input type="checkbox"/> A Broker - \$999.99 to join
<input type="checkbox"/> A Commercial Broker - \$999.99 to join	<input type="checkbox"/> A Managing Broker - \$999.99 to join

**NOTE:** All Licensed Grant Specialist Levels require a fee of \$99.99 per month.

I authorize the ACH transfer of funds to ConsoliGrant Inc. for the business registration indicated above.

Type of Card: (pick one)    VISA    MasterCard    Discover    American Express

Full Name of Cardholder \_\_\_\_\_

16-Digit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_      3-Digit CCV Code \_\_\_\_\_

Complete Billing Address (Street/City/ST/Zip) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_