



# ENROLLMENT

**bartle & gibson co. ltd.**  
**Partnership Program**

# APPLICATION

BUSINESS NAME: \_\_\_\_\_



ACCT. # \_\_\_\_\_

ATTENTION: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

WE UNDERSTAND AND AGREE TO THE RULES & REGULATIONS OF  
THE BARTLE & GIBSON PARTNERSHIP PROGRAM.

CUSTOMER SIGNATURE \_\_\_\_\_

B&G REPRESENTATIVE \_\_\_\_\_