



AFFILIATE APPLICATION

Please confirm our VBX subscription as an Affiliate of _____

Company Name: _____ Primary Contact: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: (if different from Physical Address) _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Website address: _____

Select a category that best describes your PRIMARY business:

- Owner/Government Agency
- Sub-Contractor/Specialty Contractor
- Architect / Engineer
- Supplier
- General Contractor/Construction Manager
- Manufacturer Representative
- Service Provider

Please provide a brief description of the services your company provides: _____

TERMS AND CONDITIONS:

Subscription services and products will be terminated if accounts reach 60 days past due. The Virtual Builders Exchange, LLC reserves the right to terminate service for non-payment of subscription or outstanding balances charged by the applicant firm. Subscriptions are based on annual payments and are non-refundable.

The applicant firm agrees to abide by the above Terms and Conditions of Service, User Agreement and Plan Room Rules.

I hereby affirm that I am authorized to enter into this agreement on behalf of the company named herein.

Signature of Company Representative

Date

Office Use:

New subscription – Bill start date: _____ Cancel subscription

Authorized by: _____
Print name *Signed* *Date*

FAX RETURN TO: (210) 564-6901 / Attn: Accounting

E-MAIL: bookkeeping@virtualbx.com