Sales Representative Registration Form

Ignite Payments-Fairmed **Fax:** (714) 838-8032 **OR**
E-mail Address: rfair@fairmed.com

For Non Employees

To be completed by the Sales Representative and submitted by the Agent.
Please Print Legibly. Missing or illegible information will delay the registration process.

INDEPENDENT AGENT OFFICE INFORMATION

Agent Office Legal Name:	IGNITE PAYMENTS - FAIRMED
Principal/Owner of Agent Office:	ROBERT W. FAIR

SALES REPRESENTATIVE CONTACT INFORMATION

Last Name	First Name	Middle Initial
Address (Cannot be a P.O Box) Unit/Suite City State Zip		Work Phone ( )
Sales Representative Email:		
Do you have any relatives working for or applying for registration with this Agent Office, any other independent agent office of Ignite Payments, LLC? ☐ No ☐ Yes If yes, list name(s):		

ADDITIONAL INFORMATION ABOUT SALES REPRESENTATIVE

Have you ever been convicted of a felony? ☐ No ☐ Yes* Have you ever been convicted of a misdemeanor? ☐ No ☐ Yes*

***If yes, please explain in detail as to the time, nature, and number of convictions (use a separate sheet of paper).**

Have you ever registered, been employed by or contracted with this Agent Office or any agent office of Ignite Payments, LLC? ☐ No ☐ Yes

If yes, when? _____ Which office? _____

Have you used any name other than the name you are currently using? ☐ No ☐ Yes*

*If yes, please list:

An affirmative answer to any of these questions may not necessarily disqualify you from consideration from registration.

I hereby acknowledge and understand that Agent's office is a separate and distinct legal entity from Ignite Payments, LLC. **I hereby acknowledge and understand that this registration form does not constitute an application for employment with Ignite Payments, LLC and if approved, I will not be deemed an employee of Ignite Payments, LLC.**

_____ _____

Signature Date

For Ignite Payments, LLC Use Only

ACTION	DATE	INITIALS