

AMERICAN SENIOR SERVICES, INC.

REPRESENTATIVE APPLICATION

The following information is true and correct in all material respects:

REPRESENTATIVE AS INDIVIDUAL

Last Name _____ First _____ MI _____

Address _____

City _____ St _____ Zip _____

Email address: _____

Phone _____ Fax _____ Cell _____

Date of Birth _____ Social Security No. _____

REPRESENTATIVE AS LEGAL ENTITY (in addition, also please fill out individual information above with respect to the principal of the legal entity)

Name of Legal Entity _____

Type of Legal Entity (check one)

____ Corporation ____ Limited Liability Company ____ Partnership ____ Other

Address _____

City _____ St _____ Zip _____

Email address: _____

Office Phone _____ Fax _____ Cell _____

AGREEMENT INFORMATION COMPENSATION LEVEL 45% First Year
8% 2nd Year and After

ASSI REPRESENTATIVE # _____ Date of AGREEMENT _____

Referred By Edward K Crowe and Associates REPRESENTATIVE # CT020

Applicant Signature

Date