



Additional Signer Application

DATE:	
BUSINESS NAME:	
CONTACT:	
PHONE:	
FAX:	
ACCOUNT NUMBER (S):	

I hereby authorize the following person(s) to be listed on the above-mentioned ITEX account (s) as authorized signers:

Additional Signer 1

Name: _____ Title: _____ SSN: _____

Signature: _____ Printed: _____

Additional Signer 2

Name: _____ Title: _____ SSN: _____

Signature: _____ Printed: _____

Additional Signer 3

Name: _____ Title: _____ SSN: _____

Signature: _____ Printed: _____

Authorized Account Signatory

Signature: _____ Printed: _____