

BUSINESS APPLICATION
Please complete to join our network



*Required Field

*Business Name _____

*Business Address _____

*City _____ *State _____ *Zip _____

*Contact Name _____ *Title _____

Email _____ Web Address _____

*Phone Number _____ Fax _____

Years in Existence _____ *Referred By _____

*Business Description (1-2 Sentences)

*Discount to be provided to valid cardholders (A dollar amount is preferred, but a percentage is also adequate)

The above information will appear in a printed and online directory for one year.

How did you hear about us? (Check One)

- Word of mouth Email
 Another Website Search Engine
 Print Media Other _____

*Method of Payment (Check One)

- Check/Money Order Enclosed
Make Payable To: IBSA, Inc.
 Online: PayPal
 Cash: In person only

Additional Cards Requested (Business always receives two cards)

- One - \$100.00 Three \$50.00 each

Signature _____ Date ____/____/____

Please Mail Form and Payment To:

IBSA, Inc.
629 SE Quincy
Topeka, KS 66603

(785) 232-4272

Internal Use Only: Information mailed Follow-up Call made INIT _____

www.ibsa-inc.org