

# Universal Direct Sales, LLC

## PERSONAL ACCOUNT INFORMATION FORM

First Signer (first, last)	DOB:	
Home Address:		
City:	State:	Zip:
SSN:	Employer:	
Home Phone:	Work Phone:	
Drivers License Number:		
State of Issuance:		
Issue Date:	Exp Date:	

I hereby authorize Universal Direct Sales, LLC to open a checking account in my name and to deposit my commission check in that account. I hereby authorize a member of the management of Universal Direct Sales, LLC to be a signor on the account and to distribute the funds in the account for my benefit.

\_\_\_\_\_

Independent Dealer

\_\_\_\_\_

Date

File # \_\_\_\_\_

*This form must be completed, signed and returned with a copy of all Parties Valid State Drivers Licenses. Originals MUST be received 5 days before closing.*