



**PUBLISHER APPLICATION – Bank Reference**

**Please Fax To: 001-407-268-7745**

Your Name: \_\_\_\_\_

Your Country in which you currently reside: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

**To ensure that you receive commissions from MarketLeverage on time, please complete the following information.**

If you currently have a bank account located in the United States, please provide the details below:

**Name of Bank:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Bank Telephone number:** \_\_\_\_\_

**Length of Time of banking relationship:** \_\_\_\_\_

**First and Last Name on Bank Account:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**SWIFT Code:** \_\_\_\_\_

**(For Canadian Residents Only) Branch Bank Number:** \_\_\_\_\_

If you do not currently have a bank account located in the United States, please provide the details of your primary bank below:

**Name of Bank:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Bank Telephone number:** \_\_\_\_\_

**Length of Time of banking relationship:** \_\_\_\_\_

**First and Last Name on Bank Account:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Bank SWIFT Code:** \_\_\_\_\_

**(For Canadian Residents Only) Bank Branch Number:** \_\_\_\_\_

**Please Note: Bank wire transfers are the only method available by which our international publishers receive payment. Minimum threshold of \$100.00USD in commissions is required to receive payment at this time. The minimum threshold is subject to change from time to time at the sole discretion of MarketLeverage, LLC.**



**PUBLISHER APPLICATION – Bank Reference**

**Please Fax To: 001-407-268-7745**

I hereby represent and warrant that I am an officer of the company identified on this form, and as such, have the authority to execute agreements, make representations on behalf of and legally bind the company to contractual arrangements by my signature. I hereby authorize MarketLeverage, LLC to conduct a credit check on the Company and further authorize the banks and individuals identified above to provide MarketLeverage, LLC and its officers, agents, representatives, and designees with information concerning the business relationship between the bank and the company (Publisher), including its credit history, financial condition, experiences and general business reputation. I understand that MarketLeverage will use this information to decide whether to do business with me and or the company. I hereby agree that both the company and I will hold any bank, its officers, directors, agents and employees harmless for any disclosures made by them to MarketLeverage.

Name of Publisher/Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Once completed and signed, please fax both pages to the Attention of the  
Publisher Approval Department  
FAX: 001-407-268-7745.**