

# GLAuthority.com

Get Your Operating Permits Fast & Easy!

## BROKER APPLICATION

### CONTACT INFORMATION:

|                |            |            |
|----------------|------------|------------|
| Your Name:     | Phone: - - | Fax: - -   |
| Email Address: | Cell: - -  | Other: - - |

### COMPANY INFORMATION:

|                               |  |  |            |                   |  |
|-------------------------------|--|--|------------|-------------------|--|
| Type of Business:             | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation |  |            |                   |  |
| If Incorporated, Which State? | Date:  |  |            |                   |  |
| Legal Business Name:          |  |  |            | DBA:              |  |
| Business Phone: - -           |  |  |            | Business Fax: - - |  |
| Physical Address:             | City:  |  | State:     | Zip:              |  |
| Mailing Address:              | City:  |  | State:     | Zip:              |  |
| FEIN: -                       | or SSN: - -  |  | MC Number: |                   |  |
| USDOT #:                      | USDOT Safety Rating:   |  | Date:      |                   |  |

### PLEASE LIST ALL MEMBERS OR OFFICERS (IF INCORPORATED):

|          |        |          |            |
|----------|--------|----------|------------|
| Name:    | Title: | SSN: - - | Phone: - - |
| Address: | City:  | State:   | Zip:       |
| Name:    | Title: | SSN: - - | Phone: - - |
| Address: | City:  | State:   | Zip:       |

Have you obtained your Surety Bond Yet?  Yes  No

### WHICH SERVICES WILL YOU BE APPLYING FOR?

|  |              |
|--|--------------|
| FEDERAL AUTHORITY SERVICES<br>FEDERAL FILING FEES INCLUDED   |              |
| <input type="checkbox"/> <b>BROKER OF PROPERTY AUTHORITY</b> | <b>\$685</b> |

**PLEASE CALL WITH ANY QUESTIONS. THERE ARE NO REFUNDS FOR SERVICES.**

(866) 265-3172

### PLEASE PROVIDE YOUR BILLING INFORMATION BELOW.

VISA  MASTERCARD  AMEX  DISCOVER  
 CASHIERS CHECK  MONEY ORDER

NAME AS IT APPEARS ON CARD:

CARD NUMBER:

EXPIRATION DATE:

BILLING ADDRESS:

CITY: STATE: ZIP:

Signature (Required) \_\_\_\_\_

PLEASE REVIEW YOUR APPLICATION FOR ACCURACY, AND SUBMIT EITHER BY

EMAIL TO: [GLAUTHORITY@GETLOADED.COM](mailto:GLAUTHORITY@GETLOADED.COM)

OR FAX TO (804) 521-1739

OR MAIL TO:

GLAUTHORITY.COM

ONE PARK WEST CIRCLE,

SUITE 300

MIDLOTHIAN, VA 23114

If you have questions regarding what you need, please call us for assistance. We are more than happy to walk you through the entire application.

Respectfully,

The GLAuthority Team