

INSTRUCTIONS FOR COMPLETING THE APPLICATIONS

Before signing any forms, please read the Team National Policies and Procedures.

1. Completing the forms:

- a. Read and sign the Benefit Package Agreement if you are purchasing a Team National Benefits Package.
- b. Read and sign the IMD agreement if you want to market Team National Benefits Packages.
- c. Read and sign the Disclosure agreement if you want to market Team National Benefits Packages.
- d. Read the “Rules and Regulations” page and initial at the bottom.
- e. Read and understand the Policies and Procedures.

2. Make sure the “HOST” and “PLACEMENT” lines are completely filled out on both forms.

3. There are two ways to submit your applications:

- a. If you are paying by cashier’s check or money order, mail the forms to:

**National Companies
Data Processing Center
8210 W. State Rd. 84
Davie, FL 33324**

- b. When sending a wire transfer, the following information must be on the wire receipt:

Account number that wire is being sent from	National Companies bank name
Name on the account	National Companies routing number
Name of bank it is being sent from	National Companies account number
Amount of wire	Applicant’s name
Federal Reserve Tracking Number (sometimes referred to as an IMAD number)	
Date of Wire	All information must be on verifiable bank form

- c. When sending in a deposit the following information must be on the receipt and cannot be written over:

Transaction Number	Time
Amount	Applicant’s Name
Date – Deposits older than 7 days from date on deposit receipt will not be accepted	
Copy of Cashier’s check or money order must accompany all deposit receipts	

4. Instructions for a wire transfer or Direct Deposit:

- a. When you go to your bank to order the wire transfer or direct deposit, provide them with the following information. This tells them where the money is being sent.

Bank Name:	Bank of America
Address:	5211 Sheridan Street, Hollywood, FL 33021
ABA Number:	0260-0959-3
Account Name:	National Companies, Inc/Commission Account
Account Number:	003446122358

TEAM NATIONAL APPLICATION FAX COVER SHEET

PLEASE FOLLOW THESE INSTRUCTIONS:

1. Please fill out this cover sheet clearly and completely to facilitate processing.
2. Fax applications / payoff & upgrades / wire confirmations or deposit slips before 5 P.M. E.S.T. on Friday to (954) 584-5996.
3. **Do not fax a check, it will not be accepted for that week's business.**
4. **The applications must be filled out completely, including host and placement lines,** otherwise the applications will be processed on the day the correction is received.
5. Copy this coversheet and distribute to all IMDs. It is available on www.tncreports.com

HELPFUL HINTS:

1. Wire or Direct Deposit Information:
Bank: Bank of America, 5211 Sheridan Street, Hollywood, FL 33021
ABA Number: 0260-0959-3
Account Name: National Companies, Inc. / Commission Account
Account #: 003446122358
2. A wire confirmation is a receipt for the request to wire, it must be on the bank's stationary or an official form. If you call it in, have them fax it to you, then you fax a copy to us with the applications.
3. Send only wire or deposit (which consist of copies of cashier's checks or money orders, copy of deposit receipt) funds for the week you are submitting applications.
4. The date the application is received by Team National is the enter date of the application, **it may not be changed.**
5. Print large and legibly on all applications with black ink, it will fax through clearly.
6. Program your fax to print a "Fax Transmission Verification Report", **Be sure to keep it!**
 This report may be requested in order to post your sales on the correct date.
7. Check your genealogy 48 hours later to make sure we received your fax.
 If you faxed after 3 P.M. EST on Friday, check your genealogy on Tuesday.
8. Please do not mail in the applications after faxing, file them for your records.
9. Make sure you are not faxing the document upside down, this is a common error.

SUBMITTERS NAME: _____ **SUBMITTERS PHONE #:** _____

PLEASE LIST THE APPLICATIONS YOU ARE FAXING

	First Name	Last Name	SSN#/ FID#	I.M.D. Agreement? Y/N	Financed? Y/N	Method of Payment Wire, Deposit, Credit Card	Amount Sent
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

_____ TOTAL OF PAGES SENT	TOTAL MUST EQUAL AMOUNT SENT = (TRIPLE CHECK YOUR TOTALS)	\$
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