



AMERICAN GLOBAL BUSINESS, INC.

The Premier 21st Century Global Business Community

Reg. No. _____

Date : _____

TYPE OF MEMBERSHIP

Trial Membership

Free 30 days/Free 5 Posting of Products. Limited Selling and Buying Leads

Charter Gold

US\$365/12 months, 12 Posting of Products. Unlimited Selling and Buying Leads

Charter Platinum

US\$500/12 months, 24 Posting of Products. Unlimited Selling and Buying Leads

Charter VIP

US \$ 750.00/12 months, 24 posting of Products, , Unlimited Selling and Buying Leads, Unlimited access to Local, National and International Networking Events and many more..

COMPANY INFORMATION

User Name _____ *

Temporary Password **Will be emailed to you.**

Email Address _____ *

Company Name _____ *

Business Type _____ *

Industry _____ *

Standard Industrial Classification (SIC Code) _____

Number of Employees _____

Annual Sales Volume _____

Market Region _____ *

Website _____ *

Key Products _____ *

American Global Business, Inc.

Tel: (702) 240-9700 / (702) 987-6001 Fax: (702) 987-3225 / (866) 873-6353
www.GoAGB.com

Company Description _____ *

Legal Representative _____ *

Year Established _____ *

Certificate _____ *

Business Email _____ *

CONTACT INFORMATION

Mr/Ms/Mrs. _____ *

First Name _____ *

Middle Name _____ *

Last Name _____ *

Job Title _____ *

Phone No/Ext. _____ *

Fax No. _____ *

Alternative Email _____ *

How did you learn about us? _____ *

Street _____ *

City _____ *

Zip / Postal Code _____ *

State / Region _____ *

Country _____ *

CREDIT CARD INFORMATION

Credit Card Type _____ *

Name on Credit Card _____ *

Credit Card No: _____ *

Expiration Date _____ *

Security Code _____ *

Billing Address _____ *

_____ *

Payment for _____ *

Authorized Amount _____ *

Card Holder's Signature _____

AGBI REPRESENTATIVE

Name _____ *

Title _____ *

Agent ID No. _____ *

Region/Country _____ *

Industry _____ *

Signature _____ *

Date _____ *

My signature below acknowledges that I have completed this registration to the best of my knowledge and I understand that any false, incomplete, or withheld information relating to this application could cause to be denied and liable for any action.

Signature : _____ Date : _____

.....

FOR OFFICIAL USE

Processed By:

Print Name _____

Date _____

Time _____

Approved By:

Print Name _____

Date _____

Time _____



**Credit Card
Payment Authorization**

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Account Manager _____

Account Number and/
Or Membership Name _____

Card Holder Name _____

Card Type Visa _____ Master Card _____
 American Express _____ Discover _____

Card Number _____

Card Security Code _____

Card Expiration Date: Month _____ Year _____

Amount \$ _____ US Dollars

Phone Number _____

Billing Address _____

Billing City _____

Billing State/Province _____

Billing Postal Code _____

Billing Country _____

I, the undersigned, hereby authorize American Global Business, Inc., to charge the above amount to the card specified above. I agree to pay according to the terms and agreement of my credit card company.

Card Holder's Signature _____ Date _____

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