

# NACRS PRODUCT/SERVICE APPLICATION & ORDER

FOLLOW INSTRUCTIONS (front & back) CAREFULLY

A. DATE (dd/mm/yyyy):
B. APPLICANT'S NAME & PHONE (including area or country code):
C1. MAILING ADDRESS (UPS & FedEx will not deliver to P.O. Box):
C2. E-MAIL ADDRESS (this is address to which confirmations will be sent):

**LEAVE THE ABOVE SPACE BLANK FOR US**

**1. TRUSTEE SERVICES** - enter name of the trustee(s) to whom consultation is being given - enter reference number - enter name of the trust for which trustee is acting & trust identification number - check appropriate trust function box - if trust is custom check "other" and specify function - enter amount of consultation time requested in 1-hour or half-hour segments & brief description of the matter (e.g.: if regarding transferring assets into or out of trust then enter "transferring assets" / if regarding transacting or acquiring trust business enter "business" / if regarding banking enter "banking" / if regarding various matters then enter "various")

1a. TRUSTEE'S LEGAL NAME						PREFIX
1b. TRUSTEE'S LEGAL NAME						PREFIX
1c. TRUSTEE'S LEGAL NAME						PREFIX
1d. REFERENCE NUMBER		1e. MASTER/ADMINISTRATIVE TRUST'S NAME				TRUST ID NUMBER
1f. TRUST FUNCTION:	<input type="checkbox"/>	MASTER	<input type="checkbox"/>	ADMINISTRATIVE	<input type="checkbox"/>	ASSET
	<input type="checkbox"/>	HOLDING	<input type="checkbox"/>	MANAGEMENT	<input type="checkbox"/>	HOME/REAL ESTATE
	<input type="checkbox"/>	OTHER (please specify):				
1g. TIME REQUESTED:		BRIEF DESCRIPTION:				

**2. FORMS PREPARATION / REVIEW SERVICES** - enter legal names & address information of party(s) to the form exactly as it is to be spelled in forms & include capacity & position of each party to the forms/documents (e.g.: if party is acting in personal capacity enter "personal" / if party's position is seller enter "seller") - enter proposed date of form/document - enter proposed place of execution of the form (e.g.: state & county or city & state or state & country) - enter brief description of exhibits & attachments if any - check appropriate form box

2a. PARTY'S LEGAL NAME		CAPACITY		POSITION	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2b. PARTY'S LEGAL NAME		CAPACITY		POSITION	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2c. PARTY'S LEGAL NAME		CAPACITY		POSITION	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. PARTY'S LEGAL NAME		CAPACITY		POSITION	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2e. PARTY'S LEGAL NAME		CAPACITY		POSITION	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2f. PROPOSED DATE (dd/mm/yyyy):		2g. PROPOSED PLACE OF EXECUTION:		2h. EXHIBITS (if any):	

ADDITIONAL INFORMATION (if any):
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21. FORMS:	<input type="checkbox"/>	ASSET PURCHASE AGREEMENT	<input type="checkbox"/>	ASSIGNMENT	<input type="checkbox"/>	AUTH. REP. CONTRACT	<input type="checkbox"/>	LETTER OF INTRODUCTION	<input type="checkbox"/>	LETTER OF AUTHORIZATION
	<input type="checkbox"/>	LIMITED POWER OF ATTORNEY	<input type="checkbox"/>	BASIC MANAGEMENT AGREEMENT	<input type="checkbox"/>	BILL OF SALE	<input type="checkbox"/>	BOND (please specify):	<input type="checkbox"/>	EXCHANGE PROPOSAL
	<input type="checkbox"/>	NOTICE OF ASSIGNMENT AND PAYMENT INSTRUCTIONS	<input type="checkbox"/>	MINUTES OF TRUSTEE MEETINGS	<input type="checkbox"/>	AUTO LEASE AGREEMENT	<input type="checkbox"/>	LEASE PROPOSAL	<input type="checkbox"/>	PROPERTY MANAGEMENT AGREEMENT
	<input type="checkbox"/>	PRIVATE PROPERTY BILL OF EXCHANGE CONTRACT	<input type="checkbox"/>	STANDARD INDEPENDENT CONTRACTOR AGREEMENT	<input type="checkbox"/>	UNIVERSAL INDEPENDENT CONTRACTOR AGREEMENT	<input type="checkbox"/>	IRS FORM SS-4	<input type="checkbox"/>	OTHER (please specify):

**3. COMMERCIAL / BOND PROCESS SERVICES** - enter name of the individual(s) to whom consultation is being given (if trustee(s) then fill out item 1a-f above) - enter reference number - enter name of person against whom action is to be taken (i.e.: your opponent) - check appropriate boxes which describe nature of opponent - if trust is custom check "other" and specify function - enter adverse party - enter amount of consultation time requested in 1-hour or half-hour segments & brief description of the matter (e.g.: if regarding initiating an action against adverse party then enter "making a claim for injury" / if regarding fending off action being taken against you by adverse party then enter "fending off claim" / if regarding moving onto next step in process then enter "next move" / if regarding various matters then enter "various")

3a. INDIVIDUAL'S LEGAL NAME		PREFIX
3b. INDIVIDUAL'S LEGAL NAME		PREFIX
3c. INDIVIDUAL'S LEGAL NAME		PREFIX
3d. DATE (dd/mm/yyyy):	3e. OPPONENT'S NAME	

3f. NATURE OF OPPONENT:	<input type="checkbox"/>	INDIVIDUAL MAN OR WOMAN	<input type="checkbox"/>	PARTY TO BILATERAL AGREEMENT	<input type="checkbox"/>	DEBT COLLECTOR	<input type="checkbox"/>	ENTITY (please specify):
	<input type="checkbox"/>	THIRD-PARTY INTERVENOR	<input type="checkbox"/>	PARTY TO UNILATERAL AGREEMENT	<input type="checkbox"/>	TORT-FEASOR	<input type="checkbox"/>	OTHER (please specify):

3g. TIME REQUESTED:	BRIEF DESCRIPTION OF MATTER:
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**4. DECODING THE BAR FULL PROGRAM** - enter state of bar association - enter county or province or political subdivision if applicable - enter country of national bar association - enter date of BAR examination - enter law school from which applicant obtained JD - include year of graduation - if ordering multiple quantities of program enter the quantity in item 6e

4a. STATE	COUNTY/PROVINCE/POLITICAL SUBDIVISION	COUNTRY
4b. BAR EXAM DATE (dd/mm/yyyy):	4c. INDIVIDUAL'S SCHOOL OF LAW	YEAR OF GRADUATION (yyyy):

**5. USB STICKS** - check the boxes of the USB drive(s) of your choice - if ordering multiple quantities of single item enter the quantity in the box directly below item

<input type="checkbox"/>	COMMERCIAL PROCESS	<input type="checkbox"/>	BOND PROCESS	<input type="checkbox"/>	EXPRESS TRUST FORMS
	QTY:		QTY:		QTY:

**6. TRUSTEE ACCESSORIES** - check the boxes of the items of your choice - if ordering multiple quantities of single item enter the quantity in the box directly below item

<input type="checkbox"/>	TRAVEL HOLSTER (BLACK)	<input type="checkbox"/>	TRAVEL HOLSTER (GRAY)	<input type="checkbox"/>	TRAVEL HOLSTER (BROWN)
	QTY:		QTY:		QTY:

<input type="checkbox"/>	TRUST SEAL	QTY:
6a. TRUST'S LEGAL NAME:		
6b. TRUST'S LEGAL NAME:		
6c. TRUST'S LEGAL NAME:		
6d. TRUST'S LEGAL NAME:		
6e. TRUST'S LEGAL NAME:		
6f. TRUST'S LEGAL NAME:		
6g. TRUST'S LEGAL NAME:		
6h. TRUST'S LEGAL NAME:		
6i. TRUST'S LEGAL NAME:		

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7. ORDER PROCESSING INFORMATION - enter the total dollar amount - calculate all amounts for payment in US Dollars of their equivalent (if your order is custom enter the dollar amount quoted to you by our representative) - check appropriate box indicating your method of payment - credit card payments please contact representative before submitting this form and enter card carrier (e.g.: "Visa" "Mastercard" etc.) - Western Union & Moneygram payments enter the funds transfer passcode in space provided - enter reference number - enter name of representative who assisted you - please include full payment with this order form when mailing - allow 7-14 business days for delivery

7a. TOTAL DOLLAR AMOUNT OF ORDER:						
7b. PAYMENT METHOD:	<input type="checkbox"/>	DOMESTIC POSTAL MONEY ORDER	<input type="checkbox"/>	CREDIT CARD:	<input type="checkbox"/>	GOLD/SILVER FUNDS TRANSFER:
	<input type="checkbox"/>	INT'L POSTAL MONEY ORDER (please specify originating country):				
7c. REFERENCE NUMBER:			7d. NAME OF REPRESENTATIVE HANDLING ORDER:			
7e. ADDITIONAL INFORMATION REGARDING ORDER:						

I/We, the undersigned do hereby expressly acknowledge and agree that all payments are nonrefundable and this Order is nontransferable, a private contract between myself/ourselves and NACRS, subject to the disclaimer, privacy policy, and terms of service set forth by NACRS at its web site (<http://www.nacrs.org>) which are fully incorporated herein by reference. I/We further expressly understand and agree that this Order will not be processed until payment in full is received by NACRS; in the event payment is not received, no services will be rendered and no products will be delivered; NACRS assumes no liability for Post Office or Postal Service errors nor for the errors of carriers.

By submitting this Order and tendering payment, I/We expressly acknowledge and agree to observe all copyright laws in force and effect respecting the web site, information, materials, products and services. I/We further expressly acknowledge and agree that the information, materials, products and services ordered by myself/ourselves are proprietary, belong to and are the exclusive property of NACRS and shall not be copied or duplicated in any manner, shape, or form, by any device or process, electronic or mechanical whatever without the express written permission of NACRS.

I/We and NACRS expressly agree not to disclose the details, particulars, and specific constituents of this private contract to any person, at any time, under any circumstances whatever; that this Order has been submitted voluntarily and freely and that the dollar amounts have been arrived at on an arm's length basis and are fair and reasonable.

This Order, including the disclaimer, privacy policy, and terms of services referenced herein, sets forth the entire contract, agreement and understanding between the parties as to the subject-matter hereof and merges and supersedes all prior discussions, agreements and understandings of every kind and nature between them. Upon completion of this Order, NACRS shall not be bound to render any further service or provide any further products or have any further involvement with applicant(s), other than as expressly stated in this Order or as may be agreed to by the parties subsequent to the date of this Order. This contract shall not be changed, modified or amended except by a writing dated and signed by the party to be charged. All addenda attached hereto or enclosed herewith are fully incorporated herein by reference.

EXECUTED ON THE DATE FIRST GIVEN IN ITEM "A" ABOVE.

LEGAL SIGNATURE OF APPLICANT \_\_\_\_\_

LEGAL SIGNATURE OF APPLICANT \_\_\_\_\_

# NACRS PRODUCT/SERVICE APPLICATION & ORDER

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## Instructions for filling out this Form

Please type or laser-print this form. Be sure it is completely legible. Read all instructions carefully; correct spelling of names is crucial. Follow instructions completely. Fill in the form very carefully; all information in the form will be considered as correct and intended and the product or service will be provided based upon it "as-is". If you have any questions regarding the form, contact a representative of NACRS.

If you need additional space, please type or print on the back of pages indicating the corresponding item number. Attach any all pertinent documents to this form in order of mention. When the form has been properly completed, send it with all attachments along with the full payment to the following address exactly as it is indicated below:

**NACRS**  
**In care of:**  
**Golde & Powers**  
**c/o 1930 Village Center Circle**  
**Suite 3-213**  
**Las Vegas, Nevada [89134]**

Payment may be made in the form of Postal Money Order (International or Domestic), Credit Card by making arrangements with an NACRS representative, or by gold/silver funds transfer by contacting the Gold & Silver Exchange at **1 (414) 234-8267** and setting up a funds transfer. For Credit Card or wire payments contact a NACRS representative at **(702) 357-8830** and provide the representative with the transfer information. All Postal Money Orders must be left blank with the customer's receipt/stub attached. Write only the UPS or FedEx tracking number you are shipping with on the customer's receipt/stub in the blank space below "Address" then make a front and back copy for your records prior to sealing the completed form and payment in the envelope.

### 1. TRUSTEE SERVICES:

**1a-c.** Enter only one Trustee's name. If Trustee is an organization enter full legal name of Organization and include its suffix in box marked "prefix".

**1d.** Enter reference number issued by representative for your telephone or e-mail appointment. If no reference number was issued please contact representative prior to submitting form.

**1e.** Enter Master/Administrative Trust's name and the Identification Number located on the recitals page of the Declaration of Trust.

**1f.** Check the appropriate designated trust function box. If the function is a "Custom" function or has been altered by the Trustee(s), enter the brief description of that function.

**1g.** Enter the amount of time requested in the appointment. Calculate this number in 1-hour or half-hour increments. Give a brief description of the matters or questions you have. Keep it simple, this is just to give the representative a general idea of the nature of your particular matters.

### 2. FORMS PREPARATION & REVIEW SERVICES:

**2a-e.** Enter the legal name and address of the party to the form or document. The spelling given here will be transmitted "as-is" to the forms/documents.

Enter the capacity in which they are acting. Enter the position of the party in the form/document. For example, if the party is a trust granting limited power of attorney to an agent then its position will be "principal".

**2f.** Enter the proposed date when the form or document is going to be executed.

**2g.** Enter the proposed place where the form or document is going to be executed.

**2h.** Enter any exhibits to the form. For example, any schedules, supporting documentation, or documents to be referenced in the form. Also provide any additional information pertinent to the form.

**2i.** Check the appropriate forms/documents of your order.

### 3. COMMERCIAL & BOND PROCESS SERVICES:

**3a-c.** Enter name of individual in whose favor the order is made. If the individual is a trust, give the full legal name of the trust then provide the Trustee's name in item 7e.

**3d.** Enter the date the cause of action arose. If you are fending off a claim, this date will be the date of the first presentment.

**3e.** Enter the name of your opponent. Include all pertinent prefixes and suffixes.

**3f.** Check the appropriate descriptions of the nature of your opponent. If the opponent is of a different nature check "other" and specify its nature.

**3g.** Follow instructions for item 1g.

### 4. DECODING THE BAR - FULL PROGRAM:

**4a.** Enter state of bar association including county or province or political subdivision if applicable. Enter country of national bar association.

**4b.** Enter the date the exam is scheduled to be administered.

**4c.** Enter the name of the law school from which the individual obtained a Doctorate of Jurisprudence and the year of graduation. If ordering multiple quantities specify quantity in item 7e.

### 5. USB STICKS:

Check the boxes of the USB drive of your choice. For multiple quantities enter the quantity in the box below the USB drive you are ordering. If more space is required use item 6e.

### 6. TRUSTEE ACCESSORIES:

Check the boxes of the items of your choice. For trust seals enter the quantity of seals ordered and the names of each trust to have a seal.

### 7. ORDER PROCESSING INFORMATION:

**7a.** Enter the total dollar amount of the order for which payment will be made. Calculate this amount in U.S. Dollars or their equivalent.

**7b.** Check appropriate box for the method of your payment. If by Credit Card enter the credit card carrier. If by gold/silver funds transfer enter coin description.

**7c.** Enter the reference number given to you by the NACRS representative you contacted and who handled your order.

**7d.** Enter the first initial and last name of the representative who issued you the reference number and handled your order.

**7e.** Enter any additional information or notes regarding your order.