

# DS Luxury Member Application

**Date \****MM / DD / Year***Membership Tier \****Silver, Gold, Black***Referral Contact***First and last name***Application Type***Individual or Joint*

## Applicant Information

All fields with an '\*' are mandatory and must be filled out in order for this application to be taken into consideration. Social security or EIN section may be left blank if the applicant is a foreign national. Please refer to page x if applying with a co-applicant.

**Name \****First and last name***Phone \****Include country & area code***Email \****For account related emails***Birth Date \****MM / DD / Year***Company Name***Registered or DBA***Industry***Type of business***Time in Business****EIN / SSN \*****Street Address \****Mailing Address***Street Address-2***Mailing Address-2***City \****Mailing City***State \****Mailing State***Zip Code \****Mailing Zip Code***Country \****Mailing Country***Street Address \****Billing Address***Street Address-2***Billing Address-2***City \****Billing City***State \****Billing State***Zip Code \****Billing Zip Code***Country \****Billing Country*

## Employer Information

All fields with an '\*' are mandatory and must be filled out in order for this application to be taken into consideration.

**Company Name \****Registered or DBA***Phone***Include country & area code***Email***For account related emails***Position / Role \*****Time Employed \****At current company***Gross Annual Income \****Individual***Additional Income****Source(s) of Additional Income**

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## Auto Insurance

All fields with an '\*' are mandatory and must be filled out in order for this application to be taken into consideration.

**Insurance Company \***

**Policy Number \***

**Agent Name \***

**Agent Phone \***

**Policy Start Date \***

*MM / DD / Year*

**Policy Expiration Date \***

*MM / DD / Year*

**Coverage Type**

*Ex: full coverage, liability, etc.*

**Coverage Limits**

## Authorization to Obtain Consumer Credit Report

I authorize DS Luxury (Dream Squad LLC) or its third-party consultant to obtain a consumer credit report on me or on behalf of my business. DS Luxury will use the information to determine my eligibility for the company's membership program. Upon request, the company will provide me with the name and address of the agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

**Date \***

*MM / DD / Year*

**Printed Name \***

*First and last name*

**Signature \***