



COMPANY NAME			
ADDRESS	STREET:		
	CITY:	STATE:	ZIP:
PRIMARY CONTACT INFORMATION	NAME:	TITLE:	
	EMAIL:	PHONE:	
ALTERNATE CONTACT INFORMATION	NAME:	TITLE:	
	EMAIL:	PHONE:	
COMPANY DETAILS	# OF EMPLOYEES:	# OF LOCATIONS:	
	WEBSITE:		

ALL OFFERS ARE CONFIDENTIAL & NOT AVAILABLE TO THE GENERAL PUBLIC:

By signing this Application and Company Setup Form, the members and employees in your Company are enrolled as members of the TicketsatWork Corporate Benefits Program. The company/organization agrees that all conversations and documentation regarding entertainment discounts & benefits are not available to the general public and agrees to promote and distribute the information about the TicketsatWork Corporate Benefits Program Presented by Entertainment Benefits Group to members and/or employees via corporate communications only (intranet website, email, bulletin boards, newsletters, etc.). TicketsatWork agrees that all member/employee information will be kept private and confidential for the primary purpose of providing products, promotions & services directly by TicketsatWork.

I agree that as a Corporate Member Company in this program, member and employee participation in the program offered is completely voluntary.

_____ NAME

_____ SIGNATURE

_____ DATE

Return Form To:
 TicketsatWork Corporate Discount Program
 ATTN: New Business Development
 19495 Biscayne Blvd, Suite 600 Aventura, Florida 33180
 companysignup@ticketsatwork.com