

KINGDOM OF MERIDES





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Legal Name:					
Address:	Street Address				
	Street Address				
	City		State	ZIP	
Home Phone:			_Cell / Work Ph	one:	
Email Address:					
Amount of Adv	ance requeste	ed			
Purpose:	Event name and / or	activity description	1		
	to the Meridian	Kingdom Exch	equer within 60 day	s of issuance. If	unt of this 'Cash Advance' event related, cash and/or ponsible for any money this
receipts are due 1 Advance represen	t to the Meridian 4 days after the e ts including any s	Kingdom Exchevent. Furtherm Stop Payment f	equer within 60 day nore, I understand the fees incurred. In ex	s of issuance. If nat I am fully res tenuating circum	event related, cash and/or ponsible for any money this
receipts are due 1 Advance represen Committee may is	d to the Meridian 4 days after the e ts including any s sue a single 30 d	Kingdom Exchevent. Furtherm Stop Payment fay extension to	equer within 60 day nore, I understand th fees incurred. In ex o this advance (tota	s of issuance. If nat I am fully res tenuating circum Il of 90 days pre-	event related, cash and/or ponsible for any money this estances, the Kingdom Fina event/14 days post event.)
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Rev - 6-2016