



PROVIDER ACCOUNT FORM

Organization Name _____ Organization Type _____

SMART Account No. _____
(New Accounts leave blank)

Address _____ City _____ State _____ Zip _____

I/we would like to:

Open a New Account

Primary User:

Name _____ ID _____
Signature _____
Email _____

Additional User:

Name _____ ID _____
Signature _____
Email _____

Add User(s)

Primary User:

Name _____ ID _____
Signature _____
Email _____

Additional User:

Name _____ ID _____
Signature _____
Email _____

Remove User(s)

Name _____
ID _____

Name _____
ID _____

Change Account Name

I am authorizing SMART to change my account name to:

Merge Accounts

Account # _____ merge into Account # _____

Authorized signature for requested changes: _____

**Use of SMART constitutes acceptance of SMART Terms & Conditions*



PROVIDER ACCOUNT FORM

The Agreement between SMART and a Provider is the complete Agreement of the parties in accordance with the internal laws of the State of Texas. Any dispute or arbitration arising from or relating to this Agreement must be resolved in Arlington, Texas, as the exclusive venue.

Upon receipt of a SMART Account you are agreeing to:

- Participate in the SMART scholarship program
- Transfer scholarship funds to SMART within 30 days of the end of the league/tournament or award date if meritorious honor.
- Read and accept the terms and conditions of the SMART Policy Manual, which is available online at www.BOWL.com/smart.
- Hold SMART harmless and to indemnify SMART from and against any and all claims, causes of action, damages, loss, penalty, judgments, costs and expenses (including attorney fees) arising from, related to or in connection with, any acts or failures to act by the Provider, its employees, invitees, officers, directors, agents and representatives, including but not limited to actions or omissions relating to or in connection with any activities conducted by the Provider through which the Provider collected funds, of the handling or accounting for any such collected funds.

SMART INSTRUCTIONS

Submit this form only once to open an account with us.

Please follow these instructions:

Organization Name and Address: Please fill in the name of your league, tournament or organization. Indicate the type of Organization in the field provided.

Note: If you are setting up an account to hold association or center scholarship funds, fill in the name of the association or center.

The address should correspond to whomever the funds are being submitted from, i.e., contact person for leagues or tournaments, association, center, etc.

Signature, Date and USBC Member ID: The Primary Contact on the account signs and dates this form. If Association, President or Association Manager is authorized to sign. Associations are required to have at least two (2) users.

Incomplete forms will not be accepted.

Send to one of the following:

Email: SMART@BOWL.com

Mail: SMART
621 Six Flags Drive
Arlington, TX 76011

SMART will acknowledge via email.