



Web Affiliate Application

Affiliate Information

Company Name: _____

Company Information: Sole Proprietor ; Partnership ; Corporation ; Partnership/LLC/LLP - Expiration Date: _____

State Inc./Domicile: _____ Month/Year of Inc./Formation: _____

Federal Tax ID: _____

Primary Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Secondary Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Affiliate Physical Address

Address (line 1): _____

Address (line 2): _____

City: _____ State: _____ Zip: _____

Make Checks Payable To: _____

Payment/Billing Address (if different)

Address (line 1): _____

Address (line 2): _____

City: _____ State: _____ Zip: _____

Affiliate Web URL: _____

Comments / Instructions: _____

Affiliate Options: Customized Landing Page (logo .jpeg required) Page content requested for Affiliate's website

Applicant's Signature: _____

Printed: _____

Title: _____

Date: _____