



APPLICATION FOR AFFILIATE PARTNERSHIP

Company Name _____

Industry _____ **Years in Business** _____

Owner _____ **Resident Agent** _____

Address _____

Office Number _____ **Fax Number** _____

Cellular Number _____ **Alternate Number** _____

Email Address _____

Web site _____

Are you willing/able to provide a link to our company on your website? Yes No

Would you like to participate in our e-affiliate program? Yes No

What is the best way to reach you? (please check one) Email Address Phone Number

What time is the best time to reach you? (please check below)

Morning (8:00 AM – 12:00 PM) Afternoon (12:01 PM – 5:00 PM) Evening (After 6:00 PM)

Please give a short description of your company's services or products. (You may attach a company brochure or other marketing materials in addition to the description)

Service Areas (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Washington, D.C. | <input type="checkbox"/> Baltimore County, MD | <input type="checkbox"/> Alexandria, VA |
| <input type="checkbox"/> Anne Arundel County., MD | <input type="checkbox"/> Montgomery County, MD | <input type="checkbox"/> Fairfax County, VA |
| <input type="checkbox"/> Baltimore City, MD | <input type="checkbox"/> Prince George's County, MD | <input type="checkbox"/> Loudoun County, VA |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

Service Rates Minimum \$ _____ Maximum \$ _____

Rates Charged Per hour Per project Other _____

Type of Insurance _____

Insurance Provider _____ **Amount of Insurance \$** _____

Are you able to provide a Certificate of Insurance? Yes No

Do you possess any professional licenses? Yes No

Are you able to provide proof of licensure? Yes No

Please list professional certifications, diplomas or degrees.

List any affiliations, business alliances and associations.

Are you interested in procuring for government contracts? Yes No

List applicable NIGP Code Classifications. (Refer to www.fedbizops.gov)

Mission Statement _____

Definition of Success _____

Business Goals in three years _____

Business Goals in five years _____

Another You, LLC will verify the customer service and credit worthiness of every potential affiliate by contacting several business contacts and prior/current clients. Please complete below thoroughly.

Business Contacts

NAME	TELEPHONE NUMBER	NATURE OF RELATIONSHIP

Prior Clients

NAME	TELEPHONE NUMBER	DESCRIPTION OF SERVICE PROVIDED

Current Clients

NAME	TELEPHONE NUMBER	DESCRIPTION OF SERVICE PROVIDED

Don't forget to attach brochures or promotional information.

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for termination of the affiliate partnership. I agree that by submitting the contact information of business and client references, Another You, LLC has permission to speak with them and inquire about my business operations and customer service.

DATE

SIGNATURE