



**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.**

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**List any affiliations, business alliances and associations.**

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**Are you interested in procuring for government contracts?**     Yes     No

**List applicable NIGP Code Classifications. (Refer to [www.fedbizops.gov](http://www.fedbizops.gov))**

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**Mission Statement** \_\_\_\_\_

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**Definition of Success** \_\_\_\_\_

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**Business Goals in three years** \_\_\_\_\_

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**Business Goals in five years** \_\_\_\_\_

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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