

# Sales Affiliate Application



**Please print clearly.**

- Fill in EITHER the individual SSN OR the Federal Tax I.D. No. for corporations.
- Income will be reported to the SSN you listed below.
- The SSN must match the name listed.

## Applicant Information

Full Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:		Apartment/Unit #	
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone: (    )	E-mail Address:		
Social Security No. <small>[use for Individuals]</small>	Federal Tax I.D. No. <small>[Use for corporations]</small>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, explain:			

## Payment Information - \$299.00 Sales Affiliate Start-Up Fee

**Payment by Credit Card**  
I wish to pay by credit card until I revoke this authorization in writing. For "Business Advertisement", your account will be drafted each year on or about the date of your membership.

Card #:	Exp. Date:
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX                    CID #:	(3 digit Security code on back of card)
Cardholder Signature: X _____	Print Name on Card: _____

## Disclaimer and Signature

**I certify that my answers are true and complete to the best of my knowledge.**

- I have had explained to me the LinkingCommunities.com Sales Agreement.
- I agree to abide by the company policies and procedures.
- If paying by check, I agree that LinkingCommunities.com may convert my check into electronic debit to be drawn on my account for the face amount shown on the check I've provided.
- I understand that this agreement is subject to approval by a duly authorized officer of LinkingCommunities.com.
- I understand that the charge for all marketing materials is non refundable.

**Under penalties of perjury, I certify that:**

(1) The number shown on this form is my correct taxpayer identification number.  
I am not subject to backup withholdings because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of failure to report all interest or dividends, or (c) the IRS had notified me that I

(2) am no longer subject to backup withholding.  
**NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax returns.**

**The following questions MUST be answered, if applicable, or the application will be returned.**

1. Is there any reason why LinkingCommunities.com™ could not do a background check on you?	YES <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Have you ever been convicted of a felony?	YES <input type="checkbox"/>	No <input type="checkbox"/>	
3. Has anyone who might write business under this Affiliate Agreement ever been convicted of a felony?	YES <input type="checkbox"/>	No <input type="checkbox"/>	

If you answered "Yes" on any of these questions, please send documents concerning the matters Yes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/2008

X: \_\_\_\_\_