



Affiliate Contact Form

COMPANY INFORMATION

Business Name (if applicable): _____

Business Address: _____

City: _____

State: _____ Zip: _____

Business Phone: _____

Fax (if applicable): _____

Website URL (if applicable): _____

CONTACT INFORMATION

Contact Name: _____

Email Address: _____

Contact Phone (if different from above): _____

Alternate Phone (if applicable): _____

Fax (if applicable): _____

I have read and agreed to the Merchant Warehouse Affiliate Program Terms & Conditions, and have chosen the following payment plan:

Pay per Lead Pay per Approval

I wish to be paid by the following method:

Check sent to the business name listed above

My PayPal account at: _____
(please list your paypal email address)

I understand that I will be required to submit a W-9 and other documentation after reaching total payments of \$500 within a calendar year. Failure to submit those additional forms will result in the suspension of my participation in the affiliate program and my payments from the program for that fiscal year.

Name: _____

Company (if applicable): _____

Signature: _____ Date: _____

To submit this form, please fax it to (857) 241-5402, attn: Affiliate Contact Form, or send a scanned copy to affiliate@merchantwarehouse.com.

