



| BUSINESS INFORMATION | | |
|--|-------------|-----------|
| Company Name: | | |
| Authorized Representative: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Telephone Number: | Fax Number: | Website: |
| Email Address: | | |
| <input type="checkbox"/> Yes, we agree to offer the following: <small>*Terms and Conditions of the Affinity Partner Program apply.</small> | | |
| EXCLUSIVE BENEFIT PACKAGE | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Authorized Company Representative

Signature

Date

Please complete and return to Siska S. Hutapea via fax at (671) 989-9287
or email to siska@cornerstoneevaluation.com