

For Internal Use	
NC Affiliate ID	
Authorization Date	
Ву	
NC Account	
Number	

AFFILIATE APPLICATION FORM

Date								
Company Name				Conta	uct			
Address				Conta	ICI			
City				State/Droving	20			
,				State/Province				
Zip/Postal Code			Country					
Telephone	Ext.			ax				
Email address				Web Si	Web Site			
URL								
Other Associated URSL								
Nature of Business		☐ Accountant / Bookkeeper	☐ Compute Reseller	er □ Assoc	ciation	□ News Source		
		☐ Search Engine	□ Portal	☐ Cons		□ Other E- Business		
Years in Business				Approximate Site 10-100 100-500 100-500				
Target Market		☐ Small to Medium Sized Business	☐ Profession	onals □ Accor Vertical	unting	□ Other		
Products/Services offered on your web site?		☐ Software and related products	☐ Consulting Integration	ng / □ Advel Content Syndica	J	□ Other		
How did you hear of NumberCruncher? □ Web □ Word of □ QuickBooks □ Trade S Marketplace			n □ IDN Marketing Group □ Other:					
I certify that as an authorized representative of the Company Name specified above, that the information contained herein is true. I further acknowledge that I have read and accept the Terms and Conditions as outlined at www.numbercruncher.com/solprov/tandc.html								
Name		iprovitation in the same in th		Title				
Signature				Date				

Fax completed form to 954-212-2964. For more information, please call 1-866-278-6243