



## Affiliate-Partner Program Application

Please complete this form to be considered for inclusion in Paul’s prestigious Affiliate-Partner group and begin making up to 70% commission on Paul’s products, services and events right away.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Tell us why you will make a top Affiliate-Partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax your completed application to 717-652-3222, attention Crystal Lauver (or mail to Crystal at the address below).**