



AFFILIATE MARKETING PROGRAM APPLICATION FORM

Name of Applicant: _____

Type of business: _____

Website: _____

Contact name: _____

Contact email: _____

Contact Phone: _____

Contact address: _____

Tax ID: _____

Tax Classification: _____

(Non profit/government; Corporation; Individual; Partners
LLC / LLP; Other)

PHONE.COM, LLC HAS THE EXCLUSIVE RIGHT TO ACCEPT OR REJECT EACH APPLICANT IN ITS SOLE AND ABSOLUTE DISCRETION. IF THE APPLICANT IS ACCEPTED TO THE PROGRAM, YOU WILL BE NOTIFIED IN WRITING AND PHONE.COM, LLC WILL ENTER INTO THE MARKETING AFFILIATE AGREEMENT WITH THE APPLICANT.

THANK YOU FOR YOUR APPLICATION.