



AFFILIATE PROGRAM APPLICATION

Applicant Information:

First Name: _____ Last Name: _____ Social Security No: _____

Email Address: _____

Business Name: _____ Tax ID No: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State or Province: _____ Zip/Postal Code: _____ Country: _____

Day Telephone: _____ Evening Telephone: _____ Fax No: _____

Position/Title at Current Employer: _____

Department/Division: _____

Organization/Sponsor by Whom You Are Employed: _____

Sponsor Information (please type or print):

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Signature: _____

1. Are you a U.S. citizen or national or lawful permanent resident or alien authorized for employment in the U.S.?

() Yes

() No

2. If you are an alien authorized for employment in the U.S.:

What is your Visa status? _____

When does your Visa expire? _____

3. Have you ever pled guilty to or been convicted of any crime other than a misdemeanor or summary offense?

Yes

No

(An affirmative answer will not automatically disqualify you from consideration for the Affiliate Program). If yes, please give details of the offense.

4. Have you ever advocated or knowingly associated with a group advocating the overthrow of the U.S. government, or have you participated in an armed strike of force against the U.S. government?

Yes

No

If yes, please explain:

5. How did you hear about the program?

6. What would you like to accomplish as an affiliate of the QualitrolTech?
Please describe in detail.

7. What program are you interested in?

Sales Referral Referral/Sales Referral/Referral Sales Lead

Technical Background:

Describe your previous integration software experience and your current position. Be sure to include the number of years worked in each domain listed.

program agreement(s). I agree to return any QualitrolTech property upon termination of my participation in the affiliate program; and to comply with all rules, regulations, policies and procedures of QualitrolTech. This form is executed with the intention to be legally bound.

Signature: _____ **Date:** _____

Print Name: _____

Return This Form:

Please attach a copy of your resume and/or credentials with your application.

Mail:
Affiliate Program
Human Resources
QualitrolTech, Inc.
2990 N Torreys Peak Dr
Superior, CO 80027

FAX: 303 474 7671

Email: affiliate@qualitroltech.com **Phone:** 303 521 1436 **Web Site:** www.qualitroltech.com