



## AFFILIATE APPLICATION FORM

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
url: \_\_\_\_\_

I confirm that I am over 18 years of age, and have the authority to enter into an Affiliate Agreement on behalf of the entity listed above.

How will you promote the affiliate program? (list/describe all methods including e-mails , etc.)

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Please describe your business/organization:

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I agree to the Affiliate Agreement and the Terms and Conditions as outlined on american-roadmagazine.com.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed form to: 586-468-7483.

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For internal use only.

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Reviewer Comments:

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