



VENDOR AFFILIATE APPLICATION

Please complete this application and fax or mail it back to All About Brooklyn Concierge, Inc. Your information is confidential. Please call our office or send an email with further questions. **Incomplete applications will not be considered for approval.**

How did you hear about us? _____

CONTACT INFORMATION

Full Name: _____
Title: _____
Email: _____

COMPANY INFORMATION

Business Name: _____
Address: _____ Ste/Rm No: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Website: _____
Years In Business: _____ FEIN NO: _____
Are you insured/licensed/bonded? Y _____ N _____ (If Yes, please forward copy of Insurance Certificate[s])

SERVICE/PRODUCT INFORMATION

Business Industry: _____
Describe Services: _____
Neighborhoods Served: _____
Cancellation Policy: _____
24 hr Service Available? Y _____ N _____ N/A _____
Are You Willing To Offer Our Clients Discounts/Special Offers? Y _____ N _____
If Yes, Describe: _____

TRADE REFERENCES (Within Past 6 Months)

Company: _____ Contact: _____
Address: _____ Phone: _____
Company: _____ Contact: _____
Address: _____ Phone: _____

CLIENT REFERENCES (Within Past 6 Months)

Name: _____
Phone: _____ Email: _____
Name: _____
Phone: _____ Email: _____

SUBMISSION OF COMPANY PAPERWORK

(Paperwork must be received within two weeks after receipt of application)

Please forward the following materials which will be retained in our records to ATTN: VENDOR AFFILIATE NETWORK:

Business License • Business Card • Insurance Certificate • Brochure/Flyer • Other Promotional Material

AGREEMENT

By submitting this application, you authorize All About Brooklyn Concierge, Inc to contact your references. You also acknowledge that we do not guarantee any client referrals; they will be referred on an as needed basis.

SIGNATURE

Signature Print Name
Title: _____
Date