



# AED Affiliate Program

## **Thank you for your interest in becoming a partner in our AED Affiliate Program!**

To complete our application process, please fill out the following two-page Affiliate Information Packet which follows this page. The completion of the packet will allow us to begin the approval process and establish you and your organization in our system.

Affiliate Information Packet Summary:

Page 1: Application Form - We encourage you or your organization to fill out **all** fields. The more accurate information you provide, the faster your approval is processed.

Page 2: W-9 Form - The W-9 must include your legal name and tax ID (as when used to file your federal income taxes), address and ownership type.  
\*\*This must be signed and dated.

Sales Tax Exemption: Please also provide a copy of your Sales Tax Exemption Form.  
\*\*This must be signed and dated.

When completed, please scan and email to [sales@affordabledisplays.com](mailto:sales@affordabledisplays.com) or mail to 142 Turner Street, Auburn, ME 04210.

The approval process could take up to 5 business days after receipt of your application. Once approved, you will receive an enrollment letter by email, along with your Affiliate Account Number, which must be used with all orders placed with us. Along with the enrollment letter, you will receive a copy of our Terms & Conditions which must also be reviewed, signed and returned by email to activate your account.

If you have any questions, please contact your assigned Image Consultant at 800-723-2050 or 207-782-6175.

Sincerely,  
AffordableDisplays.com

# AED AFFILIATE PROGRAM APPLICATION FORM

## CREDIT APPLICATION

Company name

DBA (if different)

Contact person

Address

Federal tax ID or Social Security number

Type of business

No. of employees

Date business established

Are you a:

☐ S CORPORATION

☐ C CORPORATION

☐ PARTNERSHIP

What is your DUNS (Dun & Bradstreet) Number:

☐ INDIVIDUAL

☐ LLC

☐ SOLE PROPRIETORSHIP

☐ SOLE PROPRIETORSHIP

## TRADE REFERENCES

Reference #1

Name

Address

Fax (required)

Phone

Reference #2

Name

Address

Fax (required)

Phone

Reference #3

Name

Address

Fax (required)

Phone

## BANK REFERENCES

Bank#1

Account #

Phone

Contact person

Name of bank

Address

Authorized signature:

Printed name:

Title:

Date:

## FOR CREDIT DEPARTMENT USE ONLY

CREDIT APPROVED \_\_\_\_\_ AMOUNT \$\_\_\_\_\_