

BUSINESS AFFILIATION APPLICATION AND AGREEMENT

The Due Process Advocate

497 Hooksett Rd. #395
Manchester, NH 03104

Phone: (603) 867-1022
Fax: (603) 218-6624
Website: www.dueprocessadvocate.com

Applicant Information

Individual Name: _____ Individual Phone: _____

Business Name: _____

Individual Mailing Address: _____

Individual Email Address: _____

Business Website(s): _____

Business Description: _____

Business Affiliation Agreement

I hereby acknowledge, understand, and agree that (a) my application for business affiliation with The Due Process Advocate is subject to approval by a duly authorized representative of The Due Process Advocate, and (b) my approval and participation as a Business Affiliate of The Due Process Advocate is subject to compliance with the terms and conditions of business affiliation, which I have read and understand, as set forth at: www.dueprocessadvocate.com

Enclosed is my payment of \$ _____ (receipt of which is hereby acknowledged by the undersigned duly-authorized representative of The Due Process Advocate)

- Check
- Cash
- Other _____

Affiliate Signature: _____ Date: _____
Duly Authorized

Printed Name/Title: _____

Approved By: _____ Date: _____
Duly Authorized Representative of The Due Process Advocate

Printed Name/Title: _____

FOR OFFICE USE ONLY

Sub-domain URL: _____ Date Landing Page Completed & Online: _____