

Application to Become a Myklin Enterprises Advertising Affiliate

Please print clearly.

Name of Person or Organization Applying: _____

Social Security # or EIN: _____

Exact name in which payment should be made: _____

Choose Preferred Method of Payment:

Check _____ PayPal (give account name) _____

Contact E-Mail Address: _____

State of Residence or Operation: _____ Sales Tax Number: _____

Mailing address: _____

If a business, primary product or services: _____

- By applying you agree to be bound by all elements of the agreement without reservation.
- You may not present yourself as an owner, partner, or associate of Myklin Enterprises, LLC.
- You agree not to use mass e-mailing advertising, commonly known as SPAM.
- Your use of prohibited advertising techniques will result in forfeiture off all monies and benefits accumulated and may open you to legal action.
- You understand and agree that accumulated cash payments of at least \$50.00 are made monthly within 20 days following the close of the calendar month. Lesser amounts are accumulated until this threshold is met.

Signed: _____ Date: _____

Please print this form and answer all applicable questions. We require an original signature for audit purposes. A responsible officer or sponsor of an organization must sign. We are not responsible for misprints. After completion, please mail the application to **Myklin Affiliate Support, 54562 US Highway 59, Heavener, OK, 74937**. You will be contacted by e-mail when received. Thank you.