



## Affiliate Partner Application

Name of Business: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

EIN: \_\_\_\_\_ Year Established: \_\_\_\_\_

Website Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Signature above this line of Responsible Member of Company \_\_\_\_\_ Date \_\_\_\_\_

Printed Name above this line of Responsible Member of Company \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return to [info@GodsGloryBible.com](mailto:info@GodsGloryBible.com).

**THANK YOU!**