 **A**PPLICATION
**2017 S**TRATEGIC **P**ARTNERSHIP

|  |  |
| --- | --- |
| Name Click here to enter text. | Company Name: Click here to enter text. |
| Company Address: Click here to enter text. |
| City/State/Zip: Click here to enter text. |
| Mobile Phone: Click here to enter text. | Bus Fax: Click here to enter text. |
| Business Phone: Click here to enter text. |
| E-mail: Click here to enter text. | Website: Click here to enter text. |

###  I have reviewed the 2017 Strategic Partnership Levels and Benefits, and would like participate at the following level:

|  |  |
| --- | --- |
| [ ]  Diamond Partner  | $10,000 |
| [ ]  Platinum Partner | $5,000 |
| [ ]  Gold Partner | $2,500 |
| [ ]  Silver Partner | $1,000 |
| [ ]  Bronze Partner | $350 |
|  |  |

#### **METHOD OF PAYMENT**

|  |
| --- |
| [ ]  **Check Enclosed** |
| [ ]  **Please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to securely obtain my credit card number.** |
| [ ]  **My credit card payment information is:**[ ] MC [ ] VISA [ ] DISC [ ] AMEX  |
| **Acct#: Click here to enter text.**  | **CVV# Click here to enter text.** | **EXP: Click here to enter text.** |
| **Cardholder: Click here to enter text.** | **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Billing Address: Click here to enter text.** |

**Please send to:** keli@kelicarr.com | FAX 425-623-1699