 **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**

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| --- | --- | --- | --- |
| **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](mailto:keli@kelicarr.com) | FAX 425-623-1699