



*Recipient Affiliate Program Application*

Company Name:		Company Registration number:	
Company Telephone Number:		Company E-mail Address:	
Company Address:		Company Website Address:	
Key Contact Name		Key Contact Telephone No:	
Key Contact Title		Key Contact E-mail Address:	
Company Discount available to Shorade customers:			
If not fixed discount please add further details:			
Any additional notes:			
How did you hear about the 'Remarkable Rewards Program'?			
<i>*If highlighted in red, to be completed by Shorade Administrators only.</i>			
Application Accepted:	Y / N	Accepted T & C's:	Y / N
Contract start date:		Contract expiry date:	
*Please note contract is renewed on an annual basis.			
Recipients Signature:		Date:	
Please Print Name:			
Owners Signature:		Date:	
Please Print Name:			