

KENNEDY-LILLO ASSOCIATES

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Kennedy-Lillo Affiliate Information Form

Please fill out form completely and fax back to **330-922-9833**

NAME:

ADDRESS:

CITY/STATE/Zip:

COUNTRY/PROVINCE:

PHONE & FAX:

EMAIL ADDRESS:

WEBSITE: [http:// www.](http://www.)

Affiliate Name for Form 1099:

Tax ID No. / Social Security No.

Current Program Member: No Bs Info Newsletter Dan's LOS Done4You

Please Circle One

The affiliate link to Kennedy-Lillo Associates is supplied at **NO** additional cost to the Affiliate above, all ongoing changes to the Link will be supplied by Kennedy-Lillo Assoc. at NO cost to the affiliate. The Affiliate can make **NO** changes to the Link content Without the express permission of Kennedy-Lillo Assoc. All affiliate subscribers will be serviced by Kennedy-Lillo Assoc. at **NO cost** to the Affiliate.

A monthly Recap and 40% commission check will be mailed to the affiliate at the above address for **all credit card activity or fax activity each month. A form 1099** will be issued to each Affiliate in January of the following year for all commissions paid by Kennedy-Lillo Associates.

The Affiliate assumes full & all responsibility for their business practices and conduct and will make no claims or promotions on behalf of Kennedy-Lillo Assoc. without the expressed permission in writing from Kennedy-Lillo Associates

Affiliate Signature

Month/Day/Year