

URL Affiliate Registration Form

Date

Company/Organization Name Associated with Tax ID #

Account Holder Name (First and Last)

Account Contact Name (First and Last)

Tax ID #

Or Social Security #

Client Information

Address

City

State.

ZIP Code

Phone Number

Fax Number

Email Address

Your Current Website

www.directlabs.com/

DLS URL Portal Link Preference

How would you like to receive your commission payment:

____ PayPal Email address for PayPal Payment _____

____ Check Make Check Payable To: _____

- Mailing address same as above
- Different Address
