

\$\$\$\$\$\$Work at Home Solutions Affiliate Request\$\$\$\$\$\$

Sign me up! I want to be an affiliate!

Name: _____

CSP ID: _____

Date: _____

Name(s) of my referrals:

By signing below I agree to the affiliate monthly residual payment agreement.

Refer 1-5 CSP's	Monthly \$10 residual payment per CSP that is working.
Refer 6-15 CSP's	Monthly \$15 residual payment per CSP that is working.
Refer 16+ CSP's	Monthly \$20 residual payment per CSP that is working.

CSP Printed Name

Signature

Date

Scan and email this form to Melissa Adams at madams@theworkathomesolutions.com or fax it to Melissa Adams at 1-800-213-0817. When you have a new CSP to add to your list fill out the "add a new CSP" form and return it to Melissa.