

AFFILIATE ACCOUNT APPLICATION

Please COMPLETE all information in detail and return to us as soon as possible

BUSINESS INFO:

Company Name:	Date:	
Owner's Name:	Office #:	
Street Address:	Cell Phone:	
City:	Email:	
State:	Zip Code:	
Website	·	

Type Of Business: Corporation Partnership Sole Proprietorship Other

> List Below the Name(s) of Officers, Partners or Sole Owner: Name, Email, and Cell Phone #

How did you hear about us?

__Referred by a Friend (*if yes, who is it?*)_____ __Google Ads___Instagram___Facebook___Other (Please provide reference):______

Are you part of a Facebook Group of Amazon Sellers that needs help with ungating? ___No___Yes (if yes, what which Facebook group?)

Do you personally need help with any brands or category apporval?

__No___Yes

INSTRUCTIONS:

Please scan or take a picture of your filled-out application and send an attachment email to support@theungatingwizard.com

Thank you very much for considering partnering with us! We look forward to doing business with you in the near future.