





Child Shield, U.S.A.™
"America's Protector of Children"
Affiliate Application
 1940 W. Sunkist Road • Tucson, AZ 85755
TOLL FREE: (800) OK CHILD (652-4453)
FAX: (520) 297-7795 or (520) 844-1368



- I have had the Child Shield, U.S.A.™ membership and compensation plan explained to me and understand the benefits of both.
- I agree to abide by the company policies and procedures.
- If paying by check, I agree that Child Shield, U.S.A.™ may convert my check to an electronic debit to be drawn on my account for the face amount shown on the check I've provided.
- By signing this form, I certify that I accept the placement of my Affiliate Agreement under the sponsoring Affiliate.
- I understand this agreement is subject to approval by a duly authorized officer of Child Shield, U.S.A.™

I understand the following refund policy:

All future purchases of marketing items (DVD's, CD-ROM's, brochures, etc.) can be returned if in new, usable condition and are not outdated. A 10% restocking fee will apply to all returns. Shipping, Licensing and Inner Circle Fees are not refundable. Items in the Business Starter Packages will be replaced if defective or damaged, and returned within 10 days of receipt. **THERE ARE NO REFUNDS** given on the Business Starter Packages. Due to liability and the nature of our service, once a Business Starter Package leaves our facility, we cannot give a refund if returned.

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

The following questions MUST be answered, if applicable, or the application will be returned.

1. Is there any reason Child Shield, U.S.A.™ could not run a background check on you? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Has anyone who might write business under this Affiliate Agreement ever been convicted of a felony? Yes No

If you answered Yes on any of these questions, please send documents concerning the matter. Having a felony would not preclude your acceptance as a Representative.

Signature of Applicant **X** _____

Referred by _____ Affiliate # _____
(If Applicable)

Please print clearly.

- Fill in EITHER the Individual SSN OR the Federal Tax I.D. No. for Corporations
- Income will be reported to the SSN you list below.
- The SSN must match the name listed.

Applicant's Social Security or Federal Tax ID No. : _____

If operating under a company name, print it here : _____

Applicant's Last Name _____

Applicant's First Name _____ M.I. _____

Mailing Address _____

City _____ State _____ Zip+4 _____

Shipping Address _____

Note: Supplies will not be sent to P.O. Boxes

City _____ State _____ Zip+4 _____

Today's Date _____ Applicant's Date of Birth _____

Home Phone () _____

Business Phone () _____

Fax Number () _____

Cell Phone _____

Email Address _____

Receive Important Corporate News!

Business Starter Packages

- Executive Affiliate Package \$999**
- Affiliate Package \$499**
- Other \$ _____**

All packages include S & H plus setup and first month of "Inner Circle" benefits (with signup).

"Inner Circle" Membership Benefits:

The "Inner Circle" is for Affiliates that make a commitment to their future and the future of the company. The Benefits include:

- 10 percent discount on all reorders
- Your own hosted customer Web site
- Your own hosted affiliate Web site
- Monthly marketing newsletter
- Weekly conference call access
- Free customer reports
- Free genealogy reports
- Monthly specials
- Covers \$25 annual membership fee.

All this for \$24.95/month. First month free with signup. Charges start in 30 days).

Yes, sign me up. **No, not at this time.**

Payment Information

Payment by Credit Card or Debit Card

I wish to pay by credit card until I revoke this authorization in writing. For "Inner Circle" Membership, your account will be drafted each month on or about the date of your membership.

Card #: _____ Exp. Date (Mo./Yr.) _____ MasterCard Visa Discover AMEX

Name as it appears on card _____

Billing address for card (if different from above) _____ City _____ State _____ Zip _____

Cardholder Signature: X _____ Print Name on Card: _____

Other items purchased (Using payment information listed above)

DVD PLAYER
 Portable / Rechargeable, 7" Screen
 Retail \$129.00
 Affiliate Price \$80.00

LITTLE BUDDY
 GPS Tracking System
 Retail \$99.00
 Affiliate Price \$80.00

PROMO PRODUCT SAMPLE PACK
 1 Dozen Different Promotional Items
 Retail \$19.00
 Affiliate Price \$12.00

Other _____ **Qty** _____ **Price Each** _____ **Total** _____