



## Affiliate Partner Information Sheet

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address to send confirmations: \_\_\_\_\_

Email Address to send receipts/invoices: \_\_\_\_\_

Website \_\_\_\_\_

24/7 Operation? Yes \_\_\_ No \_\_\_

(if No, what are your hours of Operation) \_\_\_\_\_

Affiliate Manager \_\_\_\_\_

Phone \_\_\_\_\_

After Hours Phone & Contact Name(s)

\_\_\_\_\_

Are you a member of the NLA? Yes \_\_\_ No \_\_\_

Are you a member of your local association? Yes \_\_\_ No \_\_\_

If yes, which one(s): \_\_\_\_\_

Is your company minority certified? WBE \_\_\_ MBE \_\_\_ WMBE \_\_\_

Other (please specify) \_\_\_ None (N/A) \_\_\_

\*\*if you are certified, please include a copy of your certificate as well\*\*

**Does your company use GNet?** Yes \_\_\_ No \_\_\_

(if Yes, what booking software does your company use?) \_\_\_\_\_

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