

VENDOR Private Label Sign-Up Form

Date: August 5, 2007

AFG Rep: Thad Griffin

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Vendor/Company:

PL Vendor Info

URL:

Contact Name:

Phone: ()

Sales Email:

(VIP this is the email where the PL notification is sent that an app was completed and submitted to AFG)

Vendor's Webmaster Info

Company:

Contact Name:

Phone: ()

Contact Email:

Applications required for this Private Label:

- Less than One Year in Business
- 1-3 Years in Business
- More than 3 Years in Business

Rates for the above Applications:

- Use AFG's default rates
- This vendor has custom rates **(Attach custom rates and FAX with this form.)**

Languages:

- English and French
- English Only
- French Only

Netstart Administration Only	
Webmaster contacted (date):	ID:
Follow-up date:	
Additional Follow-up required: <input type="checkbox"/> yes <input type="checkbox"/> no	
PL on-line and tested (date):	
Call and inform vendor (date):	
Update Report for AFG (date):	

Last revision: February 16, 2001

FAX THIS COMPLETED FORM TO: 1-877-660-3078 Attn: Thad Griffin