



DirectLabs® Affiliate Program Registration Form

Date(DD/MM/YY)

Company/Organization Name Associated with Tax ID #

Principle First Name

Principle Last Name

Tax ID Number OR Social Security Number

CLIENT INFORMATION

Phone

Fax

Email Address

Address

City

State

Zip Code

Occupation/Business Type

Discount Card Service: Y / N

Your Current Website

directlabs.com/

Affiliate Portal Link Preference

How would you like to receive your commission payment? Check PayPal

Email for PayPal payment

Mailing address for check payment if
different than above

If you would like your logo on your Affiliate Portal, please submit in .jpeg or .gif format to sballard@directlabs.net. (300x100 pixel maximum)