



Website Referral Program Form

Please print clearly.

Information about the business or professional you are referring:

Name of business: _____

Business address: _____

City: _____ State: _____ Zip Code: _____

Contact person's full name: _____

Contact person's phone number (including area code:) _____

Information about you:

Your full name: _____

Your mailing address: _____

City: _____ State: _____ Zip Code: _____

Your phone number (including area code:) _____

I hereby certify that I am at least 13 years of age. I further certify that I have spoken to the person listed above as the contact person and they currently do not have a web site and have an interest in developing a web site for their business or professional practice.

Your signature: _____

Your parent's consent: (Required if you are less than 18 years old.)

I, the undersigned, hereby certify that I am the parent of the above named teenager and that he/she has my consent to participate in your referral program. I understand that if you sell a web site to the above referred party, that my son/daughter named above will receive a check in the amount of \$100 made out to them.

Parent's signature: _____

Please print your name: _____

Your phone number: _____

Fax to 215-827-5920 or mail to Eagle Web Services, 3236 Chaucer St., Philadelphia, PA 19145