



Affiliate Registration

Personal Information

First Name Last Name Phone #

Address Alt Phone #

City State Zip Code E-Mail

*Note - A W-9 will be required for the registration process. You may request this form from the program administrator or alternatively, you can find this document by following the link found in the "GPS Affiliate Program O&T Manual."

What is your preferred method of contact?
 E-Mail Phone

Professional Information

Please list the number of years of experience you have in the critical power field.

In which states do you plan to focus?
 Gruber is nationwide so no geographical restrictions will be enforced.
 Please select all that apply.

Do you currently have a no compete clause which you have signed? Yes No

If yes, can you provide a copy of this for our legal department to evaluate? Yes No

Please list any other details that would be relevant to your affiliate partnership below.

Once you have completed this registration, please return this form by E-Mail by using the "Submit by Email" button below.

- Internal Use Only -

Corporate Sales Manager Approval

Yes

No

Requires further negotiation

Initials

Corporate Accounting Processing

Sales Code

Created By

W-9 Completed? Yes No

Initials