



GarageHawk Affiliate Application Form

Entity Name: _____

Entity Address: Street: _____

Unit: _____ City: _____ Zip: _____

Web Site: _____ Years in Business: _____

Describe Entity's Primary Product, Service or Function: _____

Contact Name: _____ Title: _____

Contact Phone No.: _____ Fax No.: _____

Contact Email Address: _____

How did you hear about GarageHawk? _____

Please fax this form together with a copy of your tax resale card, contractor license or business license to (303) 526-9621. (We cannot accept the number alone - we must have a copy of the actual certificate on file.)