



Referral Partner Account Registration



Business Name _____

Contact Name _____

Contact Email _____

Contact Phone Number _____

Type of Business

- Veterinarian
- Pet Food/Supply
- Pet Retail
- Pet Hotel/Daycare
- Pet Trainer
- Online Pet Retailer _____
- Other _____

EIN Number (9 digits) _____

Are you a Nonprofit? Yes No
.....

Business Address _____

City _____ State _____ Zip Code _____
.....

Mailing Address for Payment (if different) _____

City _____ State _____ Zip Code _____

Payment Method Paypal Check

Paypal Email for Payment _____

Make Check Out To _____

.....

Website URL _____

How will you promote us? _____

.....

Would you like us to provide web ads, social media ads, links and banners for your site?

Yes No

.....

Do you have a brick and mortar to display brochures on your counter? Would you like additional marketing materials as they become available??

Yes No

If yes, what is the mailing address to send the marketing materials?

Business Address _____

City _____ State _____ Zip Code _____



BeKindPetFind.com

Return in Person, by Mail or Fax to:

BeKind PetFind National Pet Registry

12650 W 64th Avenue, Unit E #269

Arvada, CO 80004

Fax: 303-785-8787

1-800-Info-PET (800-463-6738)