



**Critical-Life-Data.Com, LLC**

**EmergencyPrep-4U Products**

*"Remember To Document"*

## Congratulations

Welcome to the **Critical-Life-Data Team**  
and The **EmergencyPrep-4U** Products

Your First Step to Helping others  
as you Help yourself!



**Independent Associate/Reseller (IAR)**

*Application*

**Critical-Life-Data.Com, LLC™**

**EmergencyPrep-4U Products**

P.O. Box 9402

Naperville, IL 60567-9402

Phone: **630-337-9720** Fax: **630-420-8955**

E-mail: [sales@emergencyprep4u.com](mailto:sales@emergencyprep4u.com)

## Join Our Team

### *Become an Independent Associate/Reseller (IAR)*

Start or add on to your own business today as an Independent Associate/Reseller (IAR) by joining the marketing team of Critical-Life-Data.Com, LLC (CLD) and the **EmergencyPrep-4U** Products.

CLD is actively looking for Independent Associates/Reseller (IAR) to participate in our marketing program as resellers to provide independent sales, training, consulting, and other services for our customers. It must be noted that each IAR is an independent associate (non-employee) and is compensated only on product Sales or contracted Services and they are responsible for their own taxes and expenses. Working with CLD as an Independent Associate/Reseller (IAR) provides an attractive income opportunity for you because it provides products that can generate the potential for a broad range of personal services to be provided by you or your company.

- **Independent Associate/Reseller (IAR) Program** complements the Web-Based program by reaching customers that require personal assistance and services. As an (IAR) you or your company will receive compensation on all **EmergencyPrep-4U** Products and Services sold by you. As an IAR you or your company will be listed in the CLD company directory of Independent Associates/Reseller available to assist customers with training and support services on their **EmergencyPrep-4U** Products by Critical-Life-Data, Com, LLC.

To enroll as an CLD Independent Associate/Reseller (IAR), you must be a user of the product, agree to pay a \$100 license fee for products and training for which you will receive a 25% or greater discount on the sales of **EmergencyPrep-4U** Products and Services.

To sign up, complete your application and return it via E-Mail, Fax, or Mail to the address displayed below today.

#### **Critical-Life-Data.Com, LLC**

#### **EmergencyPrep-4U Products**

Attn: Sales Department  
PO Box 9402  
Naperville, IL 60567-9402

Phone: (630) 337-9720 Fax: (630) 420-8955  
E-Mail: sales@emergencyprep4u.com



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### **Independent Associate/Reseller (IAR) Application** (CLD Use) IA # \_\_\_\_\_

*Please complete all fields, if there is no appropriate response, please mark N/A*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Do you own your own business:** Yes \_\_\_ No \_\_\_ E-Mail: \_\_\_\_\_

If yes, Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you represent other Companies/Products, if so who: \_\_\_\_\_

**What Type of Business:** Individual \_\_\_ Sole Proprietorship \_\_\_ Corporation \_\_\_ NPO \_\_\_

In Business since: \_\_\_\_\_ # Employees: \_\_\_\_\_ # Consultants: \_\_\_\_\_ Website (Y/N) \_\_\_

What does your business do: \_\_\_\_\_ Are you willing to travel (Y/N) \_\_\_

What Area would you service: State(s) \_\_\_\_\_ City(s) \_\_\_\_\_

Trade Shows attended annually as an Exhibitor: \_\_\_\_\_ Attendee: \_\_\_\_\_

What Publication do read regularly: \_\_\_\_\_

Publications that you would advertise in \_\_\_\_\_

Describe the advertising you do \_\_\_\_\_

Are you Bi-lingual, If so what language(s) \_\_\_\_\_

For 1099 - List Social # \_\_\_\_\_ or FIEN# \_\_\_\_\_

**As an IAR what services can you provide to our Clients:** Sales \_\_\_ Product Training \_\_\_  
Seminars \_\_\_ Consulting \_\_\_ Photography \_\_\_ Data Entry \_\_\_ Computer Services \_\_\_

**Other Services:** \_\_\_\_\_

*By submitting this form, I agree to the Policies, Terms and Conditions to represent CLD as an IAR*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*When complete, Fax, E-Mail, or Mail this form to CLD for review and acceptance.*

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