



REFERRAL PROGRAM

Sign up form

NON-BUSINESS REFERRING PARTICIPANTS

Non-business participant's full name: _____

Social Security number (for tax purposes): _____

Street address: _____

E-mail address (Must be included): _____

Phone number: HOME (_____) _____ - _____ CELL (_____) _____ - _____

BUSINESS PARTICIPANTS

Name of business _____

Your name: _____

TAX ID: _____

Business address: _____

E-mail address (Must be included): _____

Phone number: OFFICE (_____) _____ - _____ CELL (_____) _____ - _____

*** I have read and agree to the Citynet Referral Program's Terms & Conditions**

Printed Name: _____

Signature by it's: _____

Approved by Citynet's Manager: _____

Please fax this completed & signed form to 866-848-5410 to the attention of SALES