



Referral Sign-up Agreement

Please fill out all information and fax it back to 718-407-1710

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID or SSN: _____

Check payable to: _____

Phone: _____ Fax: _____

Cell Number: _____ E-mail: _____

Terms and Conditions:

1. If you are an existing client of SmartStaff you will receive 10% off your services for each client you refer to us. The commission will be credited to your account on a monthly basis. If you are not a SmartStaff client then we will mail you a check every three months reflecting your commission.
2. Non-members please note that the first referral you are not entitled to a commission.
3. On the Smart Assistant Plan you are only entitled to a 3% commission.
4. All promotional materials and advertisements of SmartStaff services in any form of print media, internet, or any form of broadcasting needs to be approved by SmartStaff in writing.
5. We have the right to terminate your referral agreement at any time for any reason. Should we terminate your agreement you will continue to receive the commission from the referrals you have previously brought to us.

I have read and agreed to the terms listed above and hereby enroll in the referral program by signing below.

Signature: _____ Date: _____

Print Name: _____ Title: _____