



Executive Corporate Solutions, Inc.

Your Hands To Success

AFFILIATE AGREEMENT AND APPLICATION FORM

An Affiliate will qualify for a referral fee when they initially send at least two (2) people in a given month who purchase services from ECS. This fee, as stated below, will begin with the second person who purchases and will continue for each sale AS LONG AS THE AFFILIATE SENDS ONE PERSON WHO PURCHASES THE SERVICES OF ECS EACH MONTH THEREAFTER. If the affiliate does not send at least one person who purchases after qualifying, then he/she must re-qualify.

Once qualified (and remains qualified) the affiliate will receive the commission listed below FOR THE INITIAL PURCHASE ONLY AND ON THE NET PROFIT OF THAT PURCHASE. For each month after qualifying, the net profit will be calculated at the end of each calendar month and the affiliate will be sent a check by the 15th of the month following.

1. 3% commission on the net profit for 1 to 3 people who purchase ECS services.
2. 5% commission on the net profit for 4 to 7 people who purchase ECS services.
3. 7% commission on the net profit for 8 to 12 people who purchase ECS services.
4. 10% commission on the net profit for over 12 people who purchase ECS services.

Associates are responsible for providing referrals only! Associate shall not sell any services on behalf of Executive Corporate Solutions, Inc. or provide any type of consultation. If it is determined that an affiliate has consulted or are attempting to sell our services, that is grounds for removal from the program. At the time of the sale, Executive Corporate Solutions, Inc. shall become sole service provider of said client.

Associate understands that NO product or service shall be created or undertaken by ECS without FULL payment being received first. (NOTE: All clients paying with a credit card MUST agree to paying for these services through PayPal. Checks or money orders are preferred but MUST "clear" the bank before processing of the client's order can be undertaken). Lastly, Associate understands that he/she/it must provide a valid EIN # or Social Security number to ECS prior to any compensation being paid to Associate by ECS.

Associate Name: _____

Business Name: _____

(ECS WILL PAY ASSOCIATE FOR SALES UNLESS A BUSINESS NAME IS PROVIDED FOR PAYMENT)

Mailing Address (Street): _____

City: _____ State: _____ Zip: _____

Phone No. Of Associate: (____) _____

Fax No. Of Associate: (____) _____

Cell No. Of Associate: (____) _____

E-Mail. Of Associate: _____

Social Security Number Or TAX ID _____

Signature of Associate: _____ Date: _____

Fax this completed & signed Associate Agreement to (702) 258-7093

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