



Name: _____
(First) (Last)

Business/Company Name: _____ State: _____

Position in Business/ Company? _____

What service do you provide? _____

Targeted Audience: _____

Website: _____

Email: _____ Phone: _____

What would you like to gain from this partnership?

What do you have to offer to XBlaze Magazine though this partnership?

How did you hear of XBlaze Magazine?

- Someone's Recommendation
- Social Media
- Website
- Other _____

I have completely read this document and have accurately completed it in its fullness with complete consent and/or complete responsibility over this document.

Applicant's Signature: _____

