

# COLLABORATION APPLICATION TEMPLATE



## COLLABORATOR INFORMATION

<b>COMPANY NAME</b>		<b>OWNER</b> First and Last Names
<b>ADDRESS</b>		
<b>POINT OF CONTACT NAME</b>		<b>POINT OF CONTACT TITLE</b>
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>
<b>FEDERAL TAX ID NUMBER</b>		<b>WEBSITE</b>

## ORGANIZATION TYPE

<input type="checkbox"/>	SOLE OWNER
<input type="checkbox"/>	CORPORATION
<input type="checkbox"/>	NON-PROFIT
<input type="checkbox"/>	OTHER; if "Other," please explain below:

## APPLYING AS

<input type="checkbox"/>	FLORIST
<input type="checkbox"/>	CATERER AND/OR FOOD AND BEVERAGE
<input type="checkbox"/>	PHOTOGRAPHER/VIDEOGRAPHER
<input type="checkbox"/>	OTHER; if "Other," please explain below:

## REFERENCES


## COLLAB GOAL

<input type="checkbox"/>	EXPANDED REACH AND MARKET PRESCENCE
<input type="checkbox"/>	COMMON OR ALIGNED GOAL(S)
<input type="checkbox"/>	EFFICIENCY AND EFFECTIVENESS
<input type="checkbox"/>	OTHER; if "Other," please explain below:

## SOCIAL MEDIA PROFILE NAMES

<input type="checkbox"/>	TIK TOK
<input type="checkbox"/>	INSTAGRAM

## SOCIAL MEDIA PRESCENCE- FOLLOWERS COUNT

<input type="checkbox"/>	TIK TOK
<input type="checkbox"/>	INSTAGRAM

	FACEBOOK
	OTHER

	FACEBOOK
	OTHER

DESCRIPTION OF YOUR BUSINESS

DESCRIPTION OF YOUR SERVICES AND/OR PRODUCTS

RELEVANT EXPERIENCE

DESCRIBE YOUR TARGET AUDIENCE AND MARKET

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief.

<b>NAME</b>	<b>TITLE</b>
<b>SIGNATURE</b>	<b>DATE</b>

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QUESTIONS AND CONCERNS

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