**REFERRAL AGENT AGREEMENT**

**APPLICATION FORM**

# **CHECK BOX:** I acknowledge that I have read and agree to abide by the Referral Agreement Terms and Conditions.

# **Referral Agent Contact Info:** Please complete this form in BLOCK CAPITAL LETTERS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | | | Click or tap here to enter text. | Family Name: | | | Click or tap here to enter text. | |
| Address: | | | Click or tap here to enter text. | | | | | | |
| City: | | Click or tap here to enter text. | | | **Prov/State:** | | Click or tap here to enter text. | | |
| Country: | | | Click or tap here to enter text. | | **Postal/Zip Code:** | | | | Click or tap here to enter text. |
| Tel: | Click or tap here to enter text. | | | | **Email:** | Click or tap here to enter text. | | | |

# **Payment Info:** Please include a VOID cheque

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Name: | | | Click or tap here to enter text. | | | | | | | | |
| Address: | | | Click or tap here to enter text. | | | | | | | | |
| City: | | Click or tap here to enter text. | | | | **Prov/State:** | | | | Click or tap here to enter text. | |
| Country: | | Click or tap here to enter text. | | | | **Postal/Zip Code:** | | | | Click or tap here to enter text. | |
| Tel: | Click or tap here to enter text. | | | | | **Email:** | Click or tap here to enter text. | | | | |
| ABA/Routing Number: | | | | | Click or tap here to enter text. | | **Account Number:** | | | | Click or tap here to enter text. |
| SWIFT or BIC: | | | | Click or tap here to enter text. | | | | **IBAN:** | Click or tap here to enter text. | | |

Note: IBAN # is only applicable outside of Canada and the United States.

Agreed and accepted this DATE

**Global Order of Middle Eastern Christians, Inc. [Referral Agent Name and/or Company]**

Per: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Company Representative, Title] [Company Representative, Title]

Please email completed form to [info.gomec@gmail.com](mailto:info.gomec@gmail.com) with the words “Referral Agent Agreement” in the subject line.