**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 with the words “Referral Agent Agreement” in the subject line.