

# Independent Affiliate Activation Form

Affiliate Business Name**:**

Please identify everyone who will be interacting with the affiliate account and their role
(e.g. indicate who to contact with financial questions, auction questions, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Email** | **Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

State Sales Tax ID #:

Mailing Address:

Physical address (if different):

**Send this checklist and the required information listed below in one package/envelope to:**

**1400 County Rd 29 - Suite 1030 Medina, MN 55359 – Attn: New Affiliate**

 *Required Documents*

|  |  |
| --- | --- |
| Signed Affiliate Agreement (Hard copy with original signature required) |  |
| Signed Personal Guaranty (Hard copy with original signature required) |  |
| Proof of Business Filing with Secretary of Sate |  |
| Copy of Auctioneer’s License  |  |
| Copy of Driver’s License |  |
| Copy of Dealer/FFL License (if applicable) |  |
| $1000 Activation Fee Payable to K-BID Online, Inc.  |  |
| How will you accept online payments? (directions to follow) [ ]  Square or [ ]  Paytrace |  |

=============================FOR OFFICE USE ONLY===============================

 ***Activation Checklist – K-BID Internal Use***

|  |  |
| --- | --- |
| BillandPay.com account with Autopay activated |  |
| Set up Contact(s) in Zendesk |  |
| **Affiliate ID #:** |