# CPOA | ONE-SOURCE 100

CORPORATE PARTNERSHIP APPLICATION

### SUBMITTING YOUR APPLICATION FOR BOARD CONSIDERATION

We appreciate your interest in CPOA's One-Source 100 Corporate Partnership program. Please complete all applicable fields in this fillable PDF application. Once completed, save a copy of the application to your computer and email the completed PDF as an attachment to Scott Jones at sjones@cpoa.org.

## 01 COMPANY INFORMATION

Company / legal business name

Company email

Company phone

Company billing address

Company website

## 02 PRIMARY CONTACT

Contact name

Role / title

Contact email

Contact phone

## 03 COMPANY PROFILE

Brief description of company, products and/or services

## 04 PREFERRED BILLING METHOD (UPON APPROVAL)

☐ Credit card ☐ ACH ☐ Invoice ☐ Other

If Other, please specify

### WHAT HAPPENS NEXT

Applications will be submitted to the CPOA Board of Directors for consideration. Upon approval, CPOA will contact you regarding payment arrangements and next steps. If you experience technical difficulties completing the fillable PDF, you may print the application, complete it by hand, and email a scanned copy to sjones@cpoa.org.

**CPOA INTERNAL USE ONLY**

☐ **Approved** ☐ **Not approved**

Board decision date

☐ Vetted

Reviewed by