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| --- | --- |
| AAPL Corporate Partner Recognition Program Agreement |  |
| 3.8  Company Name: | Text Box |
| Company Address: | Text Box |
| Company Representative Name: | Text Box |
| Company Representative Title: | Text Box |
| Company Representative Email: | Text Box |
| Total number of Employees/Contract Landmen | Text Box |
| Check box - Partner Program | Check Box |
| Check box - Premier Partner Program | Check Box |
| Check box - I understand this agreement shall terminate on August 16th, 2020 | Check Box |
| I am an AAPL member, and I certify that Text Box is compliant with the terms provided for the program indicated  above and that the provided roster is complete and accurate as of Text Box, 20 Text Box. | Check Box |
| Company Representative Name:  E-Signature | Electronic Signature |