



NETWORK REFERRAL PROGRAM

Network member Information:

1. Name of person or business referring _____
 2. Address _____
 3. Phone number _____
 4. Contact _____
-

Referral information given to AFTERDISASTER:

5. Name of person or business referred _____
6. Address _____
7. Phone number _____
8. Type of damage referred _____
9. Business Center handling referral
(GSO, RAL, CLT, LLD, IAQ) _____
10. W-9 for Network member filled out previously or attached _____

MAIL COMPLETED FORM TO THE ATTENTION OF YOUR LOCAL
MARKETING REPRESENTATIVE: Karla Woodard

Greensboro Business Center(GSO) - P.O. Box 10393, Greensboro, NC 27404
Raleigh Business Center(RAL) - 3621 Bastion Lane, Suite 101, Raleigh, NC 27604
Charlotte Business Center(CLT) - 701 Atando Avenue, Suite P, Charlotte, NC 28206
Large Loss Business Center(LLD) - P.O. Box 10393, Greensboro, NC 27404
Indoor Air Quality(IAQ) - P.O. Box 10393, Greensboro, NC 27404

(NOTE: Each line item must be filled in to receive credit, once job is paid in full)

P.O. Box 10393 • Greensboro, North Carolina 27404
Phone: 336-294-4321 • Toll Free: 1-800-948-0242 • Fax: 336-855-1144
E-mail: help@afterdisaster.com • Web: www.afterdisaster.com