

# Monmouth Solutions, Inc.

## Partnership Application

Thank you for your interest in partnering with Monmouth Solutions, Inc. Please complete the following form to provide details about your company and the potential collaboration.

Our team will review your application and contact you shortly.

### I. Applicant Information - Full Legal Name and Address of Business:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website URL: \_\_\_\_\_

Email Address: \_\_\_\_\_

### II. Type of Business: (Please Check One)

- Corporation
- Partnership
- Sole Proprietorship
- Other: \_\_\_\_\_

Year Established: \_\_\_\_\_

Annual Receipts (in USD): \_\_\_\_\_

Certifications (if any):

- SDVOSB
- HUBZone
- 8(a)
- Woman-Owned
- Other: \_\_\_\_\_

### III. Products/Services Information

Products/Services You Offer:

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Specific Products/Services You Propose for Monmouth to Sell:

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### IV. Point of Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### V. Additional Details

Do you currently work with other government contractors?

- Yes (please specify): \_\_\_\_\_
- No

Do you offer discounts or special pricing terms for bulk government orders?

- Yes (please specify): \_\_\_\_\_
- No

Please share any other relevant details about your company or partnership proposal:

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### VI. Submission

Please email the completed application along with any supporting documents (e.g., product catalogs, certifications, etc.) to **info@monmouthsolutions.com**. For questions, contact us at 978-735-3855.