



International Business Partner Payment Election Form

Purpose for processing form
 New authorization
 Edit business information
 Edit banking information

Section 1. General Business Information		
Legal name (must match name on bank account)	Vendor ID or Partner ID or log-in	
DBA business name or Partner name (if applicable)		
Address		
Address	Country	
Section 2. Electronic Payment Options		
Please choose one of the following methods:		
<input type="checkbox"/> PayPal	<input type="checkbox"/> Wire Transfer	
PayPal Email Address	Bank name	
(Additional lines if needed)	SWIFT/BIC code	Account number
	Bank Address	
	Additional wire instructions	
Section 3. Authorization		
I, the undersigned do hereby authorize Constant Contact, Inc. to perform electronic transfers of my revenue share payments to the bank account listed under Section 2.		
Signature Required	Signature	Date

Please remit to one of the following:

Fax: 781-370-8537

Email: ap@constantcontact.com

Mail: Constant Contact Inc. 1601 Trapelo Road Waltham Ma. 02451

Questions: Please call 781-472-6212