

PATH TO WORK

Individual Sales Representative Agreement

Affiliate Sales Track — Pilot Phase

SALES REPRESENTATIVE INFORMATION

Full Name	Date	Referred By
Mailing Address	Email Address	Phone Number
Assigned Rep Code	Preferred Contact	Social / Profile (opt)

How did you hear about Path To Work?

REPRESENTATIVE TYPE (select all that apply)

- | | | |
|------------------------------|----------------------|---------------------|
| Independent Contractor | Influencer / Creator | Community Organizer |
| Sales / Biz Dev | Recruiter / Staffing | Educator / Coach |
| Social Services Professional | Other | |

1. PARTIES

This Individual Sales Representative Agreement ("Agreement") is entered into between Path To Work (hello@pathtowork.org / pathtowork.org) ("Provider") and the Sales Representative named above ("Rep").

2. PURPOSE & SCOPE

Provider offers eligible individuals the opportunity to refer prospective participants and organizations to Path To Work and earn performance-based compensation once the platform reaches revenue readiness. The Rep is an independent contractor — no employment, partnership, or agency relationship is created.

3. REFERRAL ACTIVITIES

Rep agrees to:

- Use only Provider-approved materials and messaging
- Use assigned Rep Code / referral link for all referrals

Disclose affiliate relationship publicly (FTC requirement)

Not engage in spam or deceptive advertising

4. COMPENSATION STRUCTURE

Pilot Phase is volunteer-based. Compensation tiers below are illustrative (subject to change):

Tier	Monthly Conversions	Per-Conversion Payout	Bonus
Starter	1–5 / mo	\$10–\$25 per paid user	No
Active Rep	6–15 / mo	\$25–\$50 per paid user	Quarterly
Top Producer	16–30 / mo	\$50–\$75 per paid user	Annual + co-brand
Elite Partner	31+ / mo	\$75–\$100 per paid user	Revenue share

Organization referrals carry a separate, higher fee negotiated individually. Pilot referrals will be credited retroactively upon Revenue Readiness.

5. PILOT PHASE GOALS

Rep agrees to aim for: at least 3 referrals within 30 days; 10 referrals within 90 days; monthly check-ins with Provider.

6. ACCESS, TOOLS & CONFIDENTIALITY

Provider supplies: a unique Rep Code and referral link, Partner Portal access, and pre-approved promotional materials. Rep agrees to: keep their Rep Code and Portal code private; not share access with others; not disclose internal pricing, partner lists, or business strategy; not use Path To Work branding in paid advertising without written approval.

7. INTELLECTUAL PROPERTY

All Path To Work content, platform, methodology, branding, curriculum, and data are the exclusive IP of Path To Work. No license or ownership interest is granted to Rep.

8. FTC DISCLOSURE REQUIREMENT

Rep must clearly disclose their affiliate relationship whenever promoting Path To Work publicly. Example: "I'm an affiliate of Path To Work and may receive compensation if you sign up through my link." Rep takes sole responsibility for FTC compliance.

9. TERM & TERMINATION

Agreement runs for 90-day Pilot Period, renewable by mutual consent. Either party may terminate with 7 days notice. Provider may terminate immediately for: breach of confidentiality, false advertising, FTC violations, or harmful conduct. Upon termination: Rep Code and portal access are deactivated; Rep retains credit for prior verified referrals.

10. DISCLAIMER OF WARRANTIES

Provider makes no guarantee of income or results. Compensation projections are illustrative only. Rep acknowledges compensation depends on their own activity and Provider achieving Revenue Readiness.

11. GOVERNING LAW

Governed by laws of the State of California. Disputes submitted to binding arbitration in Los Angeles County under AAA rules.

12. OPTIONAL TESTIMONIAL RELEASE

Provider may feature Rep success stories for recruiting future Reps.

YES — I consent to use of my first name, city/state, and brief experience description for recruiting.

NO — I do not consent to testimonial use at this time.

SIGNATURES

By signing below, both parties agree to the terms of this Individual Sales Representative Agreement.

Rep Signature:

Provider Signature:

Printed Name:

Printed Name:

Date:

Title:

Rep Code:

Date:

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