



NETPASS AUTHORIZED RESELLER APPLICATION

To be considered for this program, you must complete this form in its entirety. All information will remain confidential and will not be used beyond consideration for this program. NetPass reserves the right to reject any application for any reason at its sole discretion.

Application Type
(check one)

Individual

Corporate (you are incorporated or LLC)

Company Name:

Title:

First Name:

Last Name:

Address:

City, State, Zip:

 ,

Telephone Number:

Fax Number:

Number of Clients are you Presently serving

Email Address:

I Am Interested In Reselling the Following NetPass Services: (check all that apply)

- Corporate Internet Connectivity/Broadband
- Website/Multimedia Production
- Website Hosting/Broadcasting
- Technical Service (Networking, system maintenance, etc.)
- ALL OF THE ABOVE

Additional Questions?

I agree to the terms and conditions outlined in the NetPass Authorized Reseller Program Guide.

Authorized Signature: _____ Print: _____ Date: _____

Mail to: NetPass Reseller Program, 419 N. Magnolia Ave., Orlando, FL 32801 OR fax to 407.843.2105