



459 North 300 West, Suite 16
 Kaysville, UT 84037
 Toll Free 800-675-4622
 Fax 801-991-8889

RESELLER AGREEMENT

Part 1 – Application for NetFronts Reseller Program

Thank you for your interest in our reseller program! We look forward to helping you succeed and reap great rewards. This application is required to get started. You will be contacted by phone after we have received and reviewed your information. Please contact us if you have any questions.

PLEASE PRINT CLEARLY ON ENTIRE APPLICATION.

All 3 parts of the application are required. Illegible or incomplete applications will be disregarded.

<hr/>	
Date:	
<hr/>	
Reseller First and Last Name:	Social Security #:
<hr/>	
Company Name:	Company Address:
<hr/>	
Company Phone #:	Company Fax #:
<hr/>	
Company City, State, Zip:	Email Address:
<hr/>	

Type of Business:

This information applies to the owner of the reseller account and the entity that will be conducting business with NetFronts. Should the ownership information change, NetFronts should be notified. Otherwise the original owner will be honored.

- Sole Proprietorship** (most common, no special licensing required)
- Partnership, partner 1** _____, **partner 2** _____
- Corporation, Name** _____

Agreement Details

The NetFronts reseller program is designed to assist individuals or organizations with the reselling of web hosting services to end-users. Please read the following statements and then sign below.

I agree to use the NetFronts reseller program primarily to resell web hosting and domain registration to end-users and not as a means to exploit the extra resources of the reseller program. An example of exploiting resources is to allow one or two domains to use all resources of a standard reseller plan, rather than paying the retail price for the comparable hosting plans. I understand the determination of abuse is at the discretion of NetFronts, and the remedy may involve changing to a non-reseller account or cancellation of the account.

I agree to NetFronts Acceptable Use and Service Agreement as posted on NetFronts' website at <http://netfronts.com/policies/acceptagree.htm>.

I am responsible for the actions of my hosting customers. If a user violates the aforementioned acceptable use policy, I will be notified and given appropriate instructions which may include warning the end-user or cancel their hosting.

Agreement Details – Continued

I understand that if my account balance is overdue for more than 30 days, NetFronts has the discretion to suspend all of my domains. After repeated late payments, NetFronts reserves the right to suspend all domains at any time for an overdue balance.

I understand that I must submit a request to cancel this reseller program through NetFronts website at <http://netfronts.com/forms/cancel.htm> . I am responsible for paying any outstanding balances due at the time of cancellation. If I do not pay the amount I owe for services rendered, I understand that collection action may be taken by NetFronts to recover unpaid balances.

I understand that once a hosting site is setup, the renewal of that hosting will be automatic. I can cancel the hosting for any site within my control panel at any time.

I am responsible for keeping my account contact information current at all times and asking questions about billing matters when necessary.

I am responsible for coordinating domain transfers as well as technical support to my clients.

NetFronts reseller pricing for domains as well as resource allotment is subject to change and the current pricing will always be posted within the NetFronts website, www.netfronts.com. To be informed of pricing changes, I am responsible for viewing the information on the website or contacting NetFronts.

Owner(s) Signature and Date

Please view the complete details of the reseller plans at <http://netfronts.com/reseller/pricing.htm> and choose the plan that interests you most:

Plan (upgrade at anytime)	Reseller Starter	Reseller 1	Reseller 2	Reseller 3
		Monthly Fee	\$15	\$25
Price discount applied on pre-paid quarterly & annual plans				
Choose Plan by filling box with X				
Free Domains	1	1	10	20
Per Domain/Month Beyond Free*	\$6.25	\$5.25	\$4.25	\$3.50
Windows Platform Premium Per Domain/Month	\$1.50	\$1.50	\$1.25	\$1.25
Recommended Max Hosted Domains	3	15	40	100



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CREDIT REFERENCES

Part 2 – Application for NetFronts Reseller Program

Reseller instructions (Please print clearly):

Please complete this form with trade references that you have had a relationship with for at least six months. Fill in your dated signature at the bottom, and fax to (801) 991-8889.

Date:

Reseller Name:

Social Security #:

Company Name:

Company Address:

Company Phone #:

Company Fax #:

Company City, State, Zip:

Email Address:

Credit Reference 1:

Phone #:

Fax #:

Trade reference type:

Company City, State, Zip:

Credit Reference 2:

Phone #:

Fax #:

Trade reference type:

Company City, State, Zip:

Credit Reference 3:

Phone #:

Fax #:

Trade reference type:

Company City, State, Zip:

PERMISSION FOR RELEASE OF INFORMATION:

NetFronts is authorized to contact the above trade references to receive information regarding my business account(s). NetFronts may continue to evaluate my credit involving these trade references for up to two years after the date preceding my signature.

Authorizing Signature: _____ Date: _____



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BANK RATING REQUEST

Part 3 - Application for NetFronts Reseller Program

Reseller instructions (Please print clearly):

Please complete the upper half of this form with your dated signature and fax to (801) 991-8889.

Date: _____

Reseller Name: _____	Social Security #: _____
Company Name: _____	Company Address: _____
Company Phone #: _____	Company Fax #: _____
Company City, State, Zip: _____	Email Address: _____
Bank name: _____	Bank phone #: _____
Bank fax #: _____	Checking acct. #: _____
Savings acct. #: _____	Money Market acct. #: _____
Bank Office/ Department: _____	Other Acct. #: _____

PERMISSION FOR RELEASE OF INFORMATION:

You are authorized to give NetFronts Web Hosting Company information regarding my business account(s) with your bank up to two years after the date preceding my signature. Your prompt handling of this request will be appreciated.

Authorizing Signature: _____ Date: _____

NETFRONTS WILL FORWARD TO THE BANK FOR COMPLETION OF THE FOLLOWING.

*****FOR BANK USE ONLY*****

Bank Instructions (Please print clearly):

Please complete the rating and return by fax to: Billing, (801) 991-8889.

If you attach or use other correspondence to fulfill our request, please include our reference code.

REFERENCE CODE:

ABA Routing #: _____

Checking:	Open Date: _____	Average Balance: \$ _____	# Months _____
Savings:	Open Date: _____	Average Balance: \$ _____	# Months _____
Money Market:	Open Date: _____	Average Balance: \$ _____	# Months _____
Other:	Open Date: _____	Average Balance: \$ _____	# Months _____

Line of Credit: (Secured) or (Unsecured): Total _____ Available: _____ Exp. Date: _____

Satisfactory/Unsatisfactory: _____ # of NSF's/Overdrafts _____ in _____ months.

Bank Officer: _____ / _____ Date: _____
 (printed name) (signed name)