



Reseller Application

Name: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone: (____)____ - ____ X ____

Alternate Phone: (____)____ - ____ X ____

Fax: (____)____ - ____ X ____

Email Address: _____

Confirm Email Address: _____

Web Address: _____

Type/Nature of Business: _____

Year your business started: _____

How many employees do you have? _____

Do you have a retail location?

Yes No

Number of locations?

- One
 Two
 Three
 Four or more

How soon would you like to begin?

- Within 30 days
 Two (2) months
 Three (3) or more months

Do you currently have access to a computer or the Internet at your business?

Yes No

How do you intend to generate LocalNet customers? (select all that apply)

- Current leads
 Website traffic/Banner ads
 Inbound/Outbound telesales
 In-store advertising
 Advertising (electronic or print)
 Other

Estimated new LocalNet customers per month:

- less than 10
 10-50
 51-100
 101-250
 251-500
 over 500

Are you currently working with another ISP to provide internet access to your customers?

Yes No

If yes, who is the ISP and what services are provided by the ISP?

Would you provide your own marketing materials?

Yes No

What type of materials do you think would help generate sales in your retail store?

Please print, fill out, and fax the W-9 form to (716) 632-2745 after submitting your application. Your application will not be processed without completion of the W-9 form. Please use a cover sheet with ATTENTION: RESELLER PROGRAM.

- http://www.localnet.com/reseller_application/W9Form.pdf
- http://www.localnet.com/reseller_application/W9Instructions.pdf

Purpose of Form

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),*
- 2. Certify that you are not subject to backup withholding, or*
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.*

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

By signing this form you agree to the Terms and Conditions set forth in the LocalNet Service Agreement (<http://www.localnet.com/sag.phtml>) and Acceptable Use Policy (<http://www.localnet.com/aup.phtml>).

Signature: _____

Date: _____

Thank you for applying to our Reseller Partner Program.

Mail this form to:
325 Hampton Hill Drive
Williamsville, NY 14221

Or fax this form to:
716-632-2745

Thank you for applying to the LocalNet Reseller Program. Please allow 5-10 business days to process your application and review your eligibility. To check the status of your application, you can send an e-mail to resellers@localnet.com. We will contact you if we need further information.