

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website Address: _____

Products: _____

Primary Contact Information:

Name: _____

Title: _____ e-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Alternate Contact Information:

Name: _____

Title: _____ e-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Rebate Contact Information:

Name: _____

Title: _____ e-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

DISTRIBUTOR PRICING:

Please describe your pricing for NetPlus Alliance distributors:

FREIGHT ALLOWANCE: _____

MINIMUM ORDER: _____

CASH DISCOUNT TERMS: _____

REBATE PROGRAM:

A. BASE REBATE ON ALL DISTRIBUTOR PURCHASES = _____%

B. GROWTH INCENTIVE REBATE IN ADDITION TO THE BASE REBATE:
(Please describe below; All incentive rebates are paid from \$0.00)

Rebates will be paid quarterly to NETPLUS ALLIANCE

Program Proposed by:

Name: _____

Company: _____

Title: _____ Date: _____

Program Accepted by:

Name: _____
NETPLUS ALLIANCE

Title: _____ Date: _____

**PLEASE FAX THIS COMPLETED FORM TO DAN O'BRIEN AND
KARL PUZIO AT NETPLUS ALLIANCE—(716) 439-4347**