



NETPLUS ALLIANCE
BRINGING SUPPLIERS & DISTRIBUTORS TOGETHER.

NETPLUS ALLIANCE DISTRIBUTOR APPLICATION

COMPANY NAME _____

Mailing Address _____ Zip _____

Street Address _____ Zip _____

City _____ State _____

Phone _____ FAX _____

Web Address _____ Number of Employees _____

NETPLUS PRIMARY CONTACT: _____
(i.e. Who should be listed in our membership list as your company's representative to NETPLUS ALLIANCE)

Title _____

e-mail: _____

**If accepted, we agree to support the products, programs and promotions
of the suppliers of NETPLUS ALLIANCE whenever possible.**

Signed: _____

Print Name: _____

Title _____ Date: _____

I was referred to NetPlus by: _____

**Please fax this completed application and copy of your line card to (716)439-4347.
We will bill you for the one-time application fee of \$500 when we send your membership materials.**