

TO APPLY:

E-Mail: sales@makosolutions.com

Fax: 1-888-300-5526



MAKOSOLUTIONS, LLC SRV RESALE APPLICATION

Background: The MakoSolutions resale program is available for all qualified individuals and organizations. With this program you can offer our quality shared, reseller, and VPS hosting accounts to your own customers! Discounts are given on all accounts according to volume purchased.

All services offered for our unique SRV resale program are based out of the world class data center facilities in Lansing, MI & Scranton, PA. These data centers contain everything needed to ensure your web site is always functioning at the highest performance possible.

The SRV resale program discount applies to all resold services including shared/reseller/VPS accounts, upgrades/add-ons, and all licensing fees. The discount does not apply to hourly administrative support, specials/sales, or any extra account fees (re-activation, AUP/TOS violations, etc.).

Each qualified reseller is given a unique discount code that works with our centralized billing system. Through this system, resellers may order and cancel accounts through an automated interface. Managing your purchased accounts could not be easier!

MakoSolutions will provide full technical support to both the reseller and end-users for all accounts purchased through the reseller program. All core equipment, software, and networking is handled by our staff allowing you to focus on your business.

The reseller program is aimed at providing discounts for end-user use only. The discount cannot be used for self use at any time and such use is grounds for immediate termination. Reseller applications are thoroughly checked by our sales team and some applications may be denied if it is deemed the person/organization applying did not meet all requirements.

25% flat discount on all shared, reseller, and VPS hosting accounts!

Quick overview of program requirements:

- Posses verifiable working website.
- Verifiable company name and address
- Provide full billing support for clients
- Resolve all abuse reports
- Be a customer for at least 30 days and have 5 or more accounts at full price

APPLICANT INFORMATION

Company Name:

Street Address:

City:	State:	ZIP Code:	Country:
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Phone:	Fax:	Website:
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PRIMARY CONTACT INFORMATION

Primary Name:	E-Mail Address:
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Phones:	Title/Position:
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SECONDARY CONTACT INFORMATION

Secondary Name:	E-Mail Address:
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Phones:		Title/Position:
COMPANY INFORMATION		
Years in business:	Number of Employees:	Monthly volume expectation:
REFERENCES		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
SALES/MARKETING INTENTIONS		
Explain in detail why you feel your resale program application should be approved. Details:		
SIGNATURES		
I authorize the verification of the information provided on this form as to my resale program application. I have received a copy of this application.		
Signature of applicant:		Date: