Ascend Gold ISP Reseller Program Application Form

This sheet must be completed in full for membership to be processed. Gold ISP Membership is available to qualified ISP's in the U.S. and Canada with a valid state reseller ID. Fax this application and a copy of your Reseller Tax ID Certificate to the fax number below. For information on this program contact Ascend ISP Sales Support at 800-621-9578, option 7 or visit the Ascend home page at http://www.ascend.com/isp/

Do you currently have an account with one of our distributors? **Date_____/_____/_____**

Tech Data ❑ Yes ❑ No Acct #_____

Merisel ❑ Yes ❑ No Acct #_____

Ingram Micro ❑ Yes ❑ No Acct #_____

ISP Contact Information

Business Trade Name (DBA)

Legal Business Name (As it appears on business license)

Officer's/Owner's Name

Business Street Address

Title

City, State and ZIP

Officer's/Owner's Name

( )

Business Phone

Title

( )

Business Fax

Authorized Purchaser (s)

BILLING ADDRESS (If different than above)

SHIPPING ADDRESS (If different than above)

Street Address

Street Address

City, State, and ZIP

City, State, and ZIP

ISP Sizing:

Number of points of presence (POPs): _____ Number of Ports: _____

Number of Subscribers: Analog _____ ISDN _____ Frame Relay _____

Description of Business:

This company is a (check one): ❑ Sole Proprietorship ❑ Partnership ❑ Corporation; State of Incorporation:_____

Length of time operating under business name: Yrs. _____ Mos. _____ Length of time at this address: Yrs. _____ Mos. _____

Number of Employees your company has: ❑ 1-5 ❑ 6-10 ❑ 11-20 ❑ 21-50 ❑ 51-100 ❑ 101+ ❑ Don't Know

State Tax Reseller I.D. (required) State: _____ Number: _____

(attach a copy of your State Tax reseller license, if applicable)

ISP Reseller Status:

Which Customer Premises Equipment products (CPE) do you currently resell? (check applicable boxes)

❑ Ascend Pipelines ❑ Cisco ❑ Motorola ❑ 3Com ❑ Farallon

❑ Livingston ❑ Gandalf ❑ US Robotics ❑ Proteon ❑ Shiva

Approvals:

Ascend Gold ISP Reseller Manager _____ Date_____