

SiteBuilder40

www.SiteBuilder40.com

Site Agreement

Agent Name Jonathan Imm

Agent ID # 2000062

Agent Contact # 919-954-1199

New

Existing

See Attached

FAX This Form, With VOID Check To: **888-447-1828**

Company _____ Contact _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____ Site URL _____

Circle Package: **A** Virtual Terminal **B** Shopping Cart **C** Brochure Site **D** Full E-Store **One Time Setup & Monthly Investment \$** _____

Package B & D Only

Local Offices in (State/Province) _____ Preferred Color Scheme: Purple Blue Green Gold Black Red

Preferred Shipper: UPS / Fed Ex/ USPS

PRODUCTS:

Product _____	Product _____	Product _____
SKU _____	SKU _____	SKU _____
Price _____	Price _____	Price _____
Colors _____	Colors _____	Colors _____
Size _____	Size _____	Size _____
Weight _____	Weight _____	Weight _____

Description: _____	Description: _____	Description: _____
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Package C & D Only

In business since, _____ providing: _____

Hours of operation: _____ Time Zone _____

Description of company / history (About You): _____

Return Policy: _____ Shipped in: (1-3) (4-7) (8-14) (15-30) days

•Account can be canceled by either party with 30 days advanced written notice, or anytime before the first ACH is drafted. Pricing can be changed with a 30 day advanced notice. Customers signature required for cancellation of services by fax to 888-447-1828.

•Free basic technical support is included with all of our internet solutions. NO REFUNDS are offered once a debit has been collected.

•By entering this agreement I acknowledge that I will read the AUP (Applicable Use Policy) terms. The link is located at the bottom of the user login screen within the first week of using the system. Continued use of the system after the first week will presume understanding and acceptance of the AUP agreement.

•Due to the nature of technology and the internet system uptime can not be guaranteed 1A Best, it's partners and affiliates are not liable for any losses due to system outages or technical issues related to this service.

•The first ACH draft for the monthly investment will be billed on or about the first upcoming 15th day of the month, and every month thereafter on or about the 15th day of the month, until cancelled in writing by signer of this agreement via fax to 888-447-1828

•The setup investment indicated on this agreement will be debited upon execution of this agreement, once server space is established for your site, regardless of traffic or use of the service.

AQUIRING AUTHORIZATION TO CAPTURE SCHEDULED / PERIODIC PAYMENTS BY ELECTRONIC DEBIT

Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments. As duly authorized check signer on the financial institution account identified herein, I authorized 1A Best Inc. to perform scheduled or periodic electronic funds transfer debits from the financial institution account identified herein for payments due or when applicable, apply electronic funds transfer credits to same. I also authorize fees due under this agreement to be collected via ACH.

Furthermore, if any such electronic debit(s) should be returned as NSF, I authorize 1A Best Inc. to collect such NSF item(s) by electronic debit and subsequently collected returned debit item fee of \$25.00 per item by electronic debit from the financial institution account identified herein.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institutions account identified herein. The parties acknowledge this agreement will be governed by the laws of Florida. Any suit brought forth under this agreement will be done in Pinellas County Florida.

I understand and authorize all of the above and have received a copy of this agreement for my records as evidence by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: ____/____/____

Printed Name: _____ TITLE: _____

** I recognize that my bank statement will reflect debits from 1A Best Inc for the web services rendered herein

Bank Info	Transit /ABA #	Account #
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