



Reseller Program Application

Please fill out this form completely to apply for the LeaseWeb Reseller Program. When completed return the form via e-mail to sales@leaseweb.com or fax it to +31 20 316 28 90.

PERSONAL INFORMATION

Name company

Street Address

Zip code / Postal code

City

State / Province

Country

Phone number

Fax number

Email address

Website

CUSTOMER INFORMATION

Are you a LeaseWeb customer?

 Yes No

Customer number

PRIMARY CONTACT

Name

Title / Position

E-mail

Phone number

IM (Skype, MSN, AIM etc.)

SECONDARY CONTACT

Name

Title / Position

E-mail

Phone number

IM (Skype, MSN, AIM etc.)



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ABOUT YOUR COMPANY

Years in business < 1 yr. 1 - 3 yrs. > 3 yrs.

Number of employees < 5 5 - 10 10 - 25

25 - 100 > 100

How many servers do you project to add? Daily Servers

Weekly Servers

Monthly Servers

What is your value proposition?

Primary web site for server sales

Do you offer technical support? Yes No

Do you currently rent servers? Yes No

How many?

Total number of dedicated servers

Total number of virtual servers

Additional remarks

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