



FTP Account Setup (Page 1 of 2)

Associate Number:	Date: ____/____/____
Name of Associate:	
Name of Store:	
Phone Number:	
Fax Number:	
Current Web Address:	
What is the intended use of this FTP account?	
Are you running any custom CGI scripts?	Yes No

Terms and Conditions:

- I understand that any content uploaded to this account must be in complete compliance with the guidelines set forth in the Mall.
- I understand that ChoiceMall is not responsible for any changes that are made to my pages. Any errors found must be corrected by me (the associate). If the errors are not corrected in a timely fashion, the page or site will be deactivated. I also acknowledge that I will be charged \$75.00 per hour by ChoiceMall if I find that I need assistance by its development staff in order to repair any errors I made.
- I understand that I am not allowed to add or subtract pages without first notifying ChoiceMall's customer service department. Unauthorized pages will result in immediate termination of the account.
- ChoiceMall assumes that the associate has a strong knowledge of the HTML language. ChoiceMall customer service will not provide the associate with any technical support for page modifications or server access. It is also assumed that I have an FTP client and know how to use it.

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- I understand that I will only have access to those files specified above.
- All custom CGI's must first be approved by ChoiceMall's customer service department before being placed on the Mall.
- I understand that this access can be revoked at any time for any reason. If the account is revoked, I will not be entitled to a refund of any kind.
- I understand and agree to the terms and conditions listed above.

Associate Signature

_____/_____/_____
Date

Payment:

ChoiceMall charges \$99 for the setup and maintenance of this account. Your account should be setup within one week from the receipt of this request. This setup fee is non-refundable.

Agreement:

I understand that ChoiceMall will charge my credit card for the amount indicated above.

Credit Card Information: Visa M/C AMEX Discover

Name on Credit Card (please print)

_____/_____/_____
Date

Card Number

_____/_____
Expiry Date (MM/YY)

Cardholders Signature

For Office Use:

Date Submitted:		By:	
Date Approved		By:	
Contact Associate		By:	