



Web Site RE-Activation Form

PLEASE FILL FORM IN COMPLETELY:

Associate Number:	Date:
Phone:	Fax Number:
Associate Name:	Email Address:
Name of Store:	
http://www.choicemall.com/	

I, the above named Associate, hereby request that my web site (named above) be RE-ACTIVATED on CHOICEMALL. I understand that re-activation will take place within 5 business days of ChoiceMall's receipt of this request. I understand that my web site will not be re-activated until I sign below and return this form to ChoiceMall.

Monthly Listing Fees for this site of _____ pages will be \$ _____ per page and billing will commence when the site is live on the mall.

Any requested changes to these pages are subject to a separate change fee and are billed separately.

Agreement:

I understand that ChoiceMall will charge my credit card for the amount indicated above on a monthly basis for recurring hosting fees.

Associate Signature

____/____/____
Date

Credit Card Information: Visa M/C AMEX Discover

Card Number

____/____
Expiry Date (MM/YY)

ChoiceMall

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