

Application Registration Form

This Application Registration Form is subject to the Terms and Conditions for Resellers of the Alert White Label Service (the “Terms and Conditions”) and the Alert White Label Service – Reseller Registration Form submitted by you and accepted by us and referencing such Terms and Conditions (together, the “Agreement”). Capitalized terms used but not defined in this form have the meanings given to them in the Agreement.

When completed, sign below and fax to +1-703-940-7340 and/or e-mail to registration@alert.com.

Information Regarding Proposed Prospect and Proposed Application	
Proposed Prospect	
Address	
City, State, Zip, County	
Contact Name	
Contact Email	
Contact Phone	
Your Relationship to Contact/Proposed Prospect	
Estimated Date of Start of White Label Service	

Submitted By:

You: _____
(company name)

By: _____
(signature)

Name: _____

Title: _____