

PARTNER REGISTRATION AGREEMENT

Date:

Partner's Company Information:

Legal Company Name: _____ Company Type: _____
 Doing Business as (DBA): _____ Federal Tax ID (EIN): _____
 Primary Owner: _____ SSN (If no Federal Tax ID (EIN)): _____
 Company Physical Address (No PO Box): _____ City: _____
 State: _____ Zip: _____ Phone: _____ Ext: _____ Fax: _____ Mobile: _____
 Email Address: _____ Website: _____

Payment Information:

Pay To (Company or Individual Name) : _____
 Send Payment To (Address): _____ City: _____
 State: _____ Zip: _____ Phone: _____

Certification(s) and Experience Within Your Company (Select all that apply):

- | | | | | |
|--------------------------------|-------------------------------------|------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> MCP | <input type="checkbox"/> MCSM | <input type="checkbox"/> MCTS | <input type="checkbox"/> A+ | Total Years of Experience: _____ |
| <input type="checkbox"/> MCITP | <input type="checkbox"/> MOS | <input type="checkbox"/> SECURITY+ | <input type="checkbox"/> PMP | |
| <input type="checkbox"/> MCSE | <input type="checkbox"/> MOS EXPERT | <input type="checkbox"/> MCPD | <input type="checkbox"/> CISSP | Years In Business: _____ |
| <input type="checkbox"/> MCSA | <input type="checkbox"/> MOS MASTER | <input type="checkbox"/> CCNA | <input type="checkbox"/> LINUX+ | |

List All Other Experience and/or Certifications Not Listed:

I, (Print Full Name) _____ DBA: _____

verify and confirm that the information submitted here within is true and the best of my knowledge. By signing this agreement and submitting it to Altech Networking Solutions, I fully understand and agree that it is my sole responsibility as a registered partner to ensure that I maintain all valid licensing and insurance required by the state and local laws in which I conduct business. Altech Networking Solutions is in no way responsible for my employees, their pay, their benefits, or well being. I understand that all work performed has to be in accordance and within the guidelines of the work order received from Altech Networking Solutions. In order to receive payment of services provided, I understand that all work orders must be completely filled out, and signed by the customer verifying the work performed was complete and to their satisfaction. I understand and agree that payment of completed work orders is paid twice monthly on the 15th and 1st day of each month. If those days should fall on a weekend or holiday, payments will be sent out on the following next business day. I further understand that all received from Altech Networking Solutions will be reported as taxable income by them. Therefore, I understand that it is my sole responsibility to report said income in accordance to the rules, regulations, and laws of the Federal, State, and local Governments. It is further understood that we cannot be held liable for any work performed directly by Altech Networking Solutions or any person(s) employed thereof or working therefore as another third party contractor directly or indirectly. I fully understand that Altech Networking Solutions reserves the right to cancel this agreement at anytime without reason or justification.

Signed and agreed this _____ day of _____, 20____

Signed: _____

Print Name: _____

Fax or email signed agreement to: 912-920-6674 or sales@altechns.com