



# PATLive

## White Label Application

Email this completed form to [Sales@PATLive.com](mailto:Sales@PATLive.com) or Fax to 800.800.6126

Existing Customer       New Customer

### Contact Information:

Subscriber Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Tax ID \_\_\_\_\_ Industry \_\_\_\_\_

**White Label Participation:** A setup fee of \$200 and a minimum purchase of \$50 per month is required to participate in this program.

#### Benefits

- Wholesale Pricing
- Automatic Volume Discounts
- Enhanced Reporting
- Branded Interface

#### Features

- Add/Manage Phone Numbers
- Dynamic Number Replacement
- Call Recording
- Click2Call
- Caller Insight
- Google Analytics Integration

### White Label Terms of Agreement:

The signee of this form is hereby referred to as the "Reseller".

Your signature below indicates consent to the following:

PATLive reserves the right to perform a credit check at any time it is deemed necessary. PATLive also reserves the right to interim bill the Reseller when necessary. The Reseller will be responsible for billing, support, and collections of all fees incurred by end users of the Reseller's White Label Service. The Reseller hereby agrees to pay all charges and fees associated with their White Label Service. Please note that the Reseller is bound by these White Label Terms of Agreement in addition to the PATLive Terms of Agreement that can be found online at <http://www.PATLive.com/documents/toa.pdf>

### Payment Method:

VISA       MasterCard       Discover       American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name As It Appears On Card (please print) \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Your signature indicates consent to the terms of agreement found online at <http://www.PATLive.com/documents/toa.pdf>.