



TelPay for Business Business Partner Programs APPLICATION FORM

1. SELECT ONE OF THE FOLLOWING:

- TelPay Reseller Program \$180/year
Please provide your contact details to have a Reseller Agreement sent to you.
- TelPay Advisor Program FREE
- Accounting Service Provider Program FREE

Name: _____

Company Name: _____ TelPay Access ID: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (____) _____ Fax: (____) _____

Website: _____ Email: _____

2. AGREEMENT I certify that I am a practicing accountant or bookkeeping professional and that I provide consulting or accounting services to fee-paying clients. As such I am in a position to recommend TelPay for Business and support its use.

Company Name _____

Print Name _____ Title _____

Signature _____ Date _____

Please complete and fax this form to 1-866-396-2548

For additional information please call 1-800-665-0302 or visit www.telpayforbusiness.ca