



FTP/ PUBLISHING AUTHORIZATION

Setup Fee: \$150.00

COMPANY: _____

DOMAIN NAME: _____

PERSON(S) WITH AUTHORIZATION: _____

By signing this request, I authorize FreeRun Technologies, Inc. (FTI) to provide FTP (file transfer protocol) privileges to my website files on the FreeRun servers/computers.

I understand that by opening my website up to ftp, FTI is no longer in sole control of my website. I understand that I will not have access to any on-line store or form files.

I understand that FTI does NOT support Front Page extensions for security reasons.

I accept **ALL RESPONSIBILITY** and relieve FTI of any liability or responsibility for:

- the integrity of my website files, including the ability to restore them if deleted
- corruption or deletion of my website files
- the placement of content that might be objectionable on my website
- damage caused to FTI's on-line environment by malicious usage of my FTP account

FTI will provide the password and account name to the authorized person and my designee **ONLY**. **I understand it is my responsibility to notify FTI in writing if the password needs to be changed for any reason (such as change in personnel) and there will be a charge for making such changes.**

Once I have FTP access to my website, FreeRun is no longer the agency of record for maintaining my site. Therefore FTI will not be held responsible for any page fixes that are requested after this form has been signed. I understand that all requests for FTI to work on our files or act as a consultant will be billable at an hourly rate. Presently, the hourly rate is \$150.00 an hour with a minimum of 30 minutes.

INITIAL: _____

I understand that I may not use my FTP privileges to increase the total size of my site (10-Mb) without prior written approval from FTI.

I understand that FTI retains the right to discontinue FTP privileges immediately and without any notice if any attempts to breach the security of FTI's production servers are made from my account.

All terms and conditions of the annual agreement apply.

AUTHORIZED BY: _____

DATE: _____

SIGNATURE: _____

TELEPHONE: _____

FAX: _____