

Make every day a fundraising day!

## AGREEMENT FORM FOR HOMEPAGES-FRIENDS

### Organisation Details: *Please Complete*

Name:	<input type="text"/>
Registered Charity No: (if applicable)	<input type="text"/>
Contact Name:	<input type="text"/>
Address:	<input type="text"/>
Telephone No:	<input type="text"/>
Email:	<input type="text"/>
Website:	<input type="text"/>

### HomePages Friends Service:

Please select the type of service you require. Please note you can have both services if required.

Search Box for existing website or intranet box

Your Own branded website - **Note:** Please e-mail a high resolution jpeg to [info@homepages-friends.com](mailto:info@homepages-friends.com)

### Terms & Conditions:

1. Home Pages Friends Ltd will provide the above selected services for free.
2. Although every effort is made to be selective of the written, image, music or video material that is shown via the services neither Home Page Friends Ltd or any of its related entities will be held responsible for any third party content displayed.
3. Home Pages Friends Ltd reserves the sole right to change the format and content of the HomePages Friends services.
4. Every 30 days the Company will pay the organisation in arrears 50% of any linkage revenue generated via links provided by the HomePages Friends services. The first payment date shall be 45 days after the end of the calendar month in which this agreement is signed by the organisation. HomePages Friends Ltd shall retain 50% of such revenue in consideration of the services provided by it to the organisation pursuant to these Terms & Conditions.
5. This agreement will initially run for 30 days and is automatically renewed for rolling 30 day periods.

### Authorised Agreement Signatures:

I have seen and understood the HomePages Friends Presentation. I have read the terms and conditions. I understand that the organisation has 14 days cooling off period in which to cancel this agreement in writing to Home Pages Friends Ltd.

#### Authorised Organisation Representative:

Signature:	<input type="text"/>
Name:	<input type="text"/>
Position:	<input type="text"/>
Date:	<input type="text"/>

#### Authorised Home Pages Friends Ltd Representative:

Signature:	<input type="text"/>
Name:	<input type="text"/>
Position:	<input type="text"/>
Date:	<input type="text"/>

Please return 2 copies by post or by fax and we will return a signed copy for your files.