IBM Sales Assistance Program – Asia Pacific

Project Form

Note: This Form must be submitted at least 30 days prior to the Customer Order date. Please provide complete name and address information, not abbreviations, in order to facilitate the process of applying credits to your Expense Reimbursement Funds Account.

Business Partner Information	n		
PartnerWorld for Software			
ID Number:			
Name of Contact for Business			
Partner Firm:			
Company Name (Legal Name):			
Telephone Number:			
Fax Number:			
Email Address:			
Customer Information			
Name of Contact for Customer:			
Company Name (Legal Name):			
Telephone Number:			
Fax Number:			
Email Address:			
Mailing Address:			
Address 2:			
Address 3:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Name of IBM or Lotus Represent	tative		
you are working with on this Acc			
(if no one is assigned, enter "nor	າe")		
Is this an extension to an			
existing Project Form (yes/no)?			
If Yes, enter the			
Tracking Number of the original	Project		
Form:			

Proposed Product Categories								
For each eligible Product Category you will propose to this Customer:								
Enter your estimate for Revenue (US\$ and local currency), Closing Odds, and Customer Order Date.								
		Y/N	Estimated	Estimated	Estimated	Estimated		
Product Category			Revenue	Revenue	Closing	Customer		
			US\$	Local Currency	Odds (%)	Order Date dd/mm/yy		
IRM Application Enal	oling and			Currency		uu/IIIII/yy		
IBM Application Enabling and Integration								
IBM Content Management								
IBM Data Management								
_								
IBM e-Commerce								
IDM Torres of the Ores								
IBM Transaction Sys	tems							
IBM Voice								
IBM VOICE								
Lotus								
Comments								
Project Name:								
Pre-sale activity you								
are performing,								
and will perform:								
Your signature is	required	l						
The statements provided in this Form are accurate to the best of my knowledge. IBM or Lotus may								
contact any person or	institution i	dentified	in this Form for t	the purpose of ve	erifying informa	tion contained		
in this Form.								
Your Name:								
Your signature*:								
_								
Date:								
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* IF YOU SUBMIT THIS FORM ELECTRONICALLY:								

BY SUBMITTING THIS FORM, YOU ATTEST THAT the statements provided in this Form are accurate to the best of your knowledge. You represent that the information in this is not confidential. IBM or Lotus may contact any person or institution identified in this Form for the purpose of verifying information contained in this Form.

Please fax your completed Form to: Asia Pacific Support Center

Fax: (632) 814-0718