

# IBM International Passport Advantage Agreement

## Authorized Additional Site Schedule

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Pursuant to the terms of the Agreement, you must list on this Authorized Additional Site Schedule those Additional Sites which are authorized to enroll and to make acquisitions under the Agreement. Each Additional Site must complete and submit a separate Enrollment Form prior to making acquisitions.

You may add or delete Additional Sites at any time upon written notice to us.

Please provide as much information for each Additional Site as possible. You must, however, provide information for those fields marked with an asterisk (\*).

Passport Advantage Agreement Number: \_\_\_\_\_

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Passport Advantage Agreement Number: \_\_\_\_\_

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	

* Site Name:	
Contact Name:	Title:
Address:	
* City:	* State/Province:
* Zip Code/Postal Code:	* Country:
Telephone/Ext:	Fax:
E-mail Address:	