

Passport Advantage Enrollment for Resellers

Reseller Information	
Name:	Legal Name:
Address:	Address:
City:	State/Province:
Zip Code/Postal Code:	Country:
Company Telephone:	Company Facsimile:
Contact Name:	Contact Telephone:

- **APPOINTMENT:** Upon acceptance of this Enrollment Form, IBM will approve the remarketing of qualifying IBM Passport Advantage Workstation Software products (the "Products") to end users located within local country only. Reseller will acquire Products for resale from a Distributor of IBM Workstation Software. As a reseller of IBM Passport Advantage Software you obtain pricing and program information from a Distributor of Workstation Software.

- **DISTRIBUTOR:** As a reseller of Passport Advantage Software, you are required to select an IBM Distributor of Workstation Software from which you will secure program and pricing information as well as transact all Passport Advantage business.

IBM Distributor of Workstation Software: _____

PartnerWorld for Software Number: _____

If currently a Value Advantage Plus participant: Value Advantage Plus ID: _____

Please check the business segment in which you wish to participate (check all applicable):

Commercial
 Government: Federal
 Academic
 Government: State/Province & Local

- **PRODUCTS REQUIRING CERTIFICATION: .** A selected set of Passport Advantage Products are only available for remarketing by resellers who have met the certification requirements for those products. For a listing of IBM Passport Advantage Workstation Software Products and/or Product Certification requirements, contact your Distributor of Workstation Software.
- It is your responsibility to update contact information for your organization and notify IBM in the event you decide to change Distributors. You may contact IBM customer management by: Fax # 617-374-0117
- **PASSPORT ADVANTAGE PROGRAM STAFF:** To effectively administer Passport Advantage transactions, you are requested to name and maintain your Passport Advantage Program Staff. Staff members should attend appropriate training sessions to competently administer the Passport Advantage Program and related functions, please identify your Program Staff members below:

Reseller Passport Advantage Operations/SalesStaff	
Passport Advantage Operations Manager Name:	
Title:	Telephone Number:
e-mail Address:	Facsimile Number:
Passport Advantage Sales Manager Name:	
Title:	Telephone Number:
e-mail Address:	Facsimile Number:
Passport Advantage Maintenance Manager Name:	
Title:	Telephone Number:
e-mail Address:	Facsimile Number:

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Reseller SAP Number: _____ Date: _____