



## Partner Enrollment Form

### Company Information

Company Name	
Company Address	
Company Core Business Area (Retail/ Corporate/ Enterprise)	
City	
ZIP/ Postal Code	
Telephone	
Fax	
Email	
Web Site/ URL	

### Contact Information

	Primary Contact	Secondary Contact	Technical Contact
Name			
Designation			
Mobile/ Cell No			
Email ID			

### Partnership Level

Kaspersky products have been categorized on 4 different partnerships levels. The categories are given below for your information. Please tick the appropriate categories you are enrolling for partnerships. Based on your category choice and our consent, **we will put your company name and contact phone number in our advertisements** and pass on sales leads to your company designated contact person.

	Retail & SMB Licensing Partner	Corporate Licensing Partner	Enterprise Partner	ISP Partner
Please tick the right appropriate box				

### Enrollment Process

OfficeXtracts as distributor agrees to hold all information provided on this enrollment form as highly confidential. By completing and signing this enrollment form, you are enrolling in the Channel Partner Program and will be entitled to receive all the benefits of the program. OfficeXtracts as distributor will provide you a partner certification within 7 working days.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU VERY MUCH FOR YOUR TIME FOR FILLING OUT THE FORM AND SHOWING YOUR INTEREST IN SELLING KASPERSKY ANTI-VIRUS SOFTWARE PRODUCTS.