

DATA RECOVERY PARTNER PROGRAM

Help Your Customer Recover Their Lost Data

Get Your \$share of the Rewards!

- Please supply the following information:

Dealer / Reseller Company Name _____

Federal Tax ID -or- SSAN _____

Primary Contact Name _____

Primary Contact eMail Address _____ @ _____

Secondary Contact Name _____

Secondary Contact eMail Address _____ @ _____

Service Location Street Address _____

City, State ZIP _____

Phone () - _____

FAX () - _____

Company Website URL http:// _____

Main Facility Street Address _____

(if different from above)

City, State ZIP _____

Phone () - _____

Business Type _____

Primary Product / Business Focus _____

Other Services or Products Provided _____

Month & Year Firm Established _____

Estimated number of data recovery **requests** received from your customers during the latest one year period.

PLEASE CHECK ONE:

- 0 - 1
- 2 - 4
- 5 - 9
- 10 or more

Estimated number of data recovery referrals **anticipated** during the coming one year period.

PLEASE CHECK ONE:

- 2 - 4
- 5 - 9
- 10 or more

I, the undersigned authorized representative of my firm, wish to have my firm instated as an official **DRP MEMBER**. As provided for in the **DATA RECOVERY PARTNER PROGRAM**, I understand that my firm will earn a 10% share of the recovery fee on each successfully completed data recovery job that I refer to **MICROCOM** with advance notice. I further understand that no promotional or marketing effort will be directed toward the party referred as a result of this or any DRP Member referral, and that all proprietary information will be held by in the strictest of professional confidence.

Signature _____

Printed Signer Name _____

Position _____

• Please eMail to: DRP@data-master.com •

MICROCOM LLC Worldwide Data Recovery® 800.469.2549 www.data-master.com