

DEALER REWARDS PROGRAM

Help Your Customer Recover Their Lost Data!

*Get Your \$hare
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	(_____) - _____
FAX	(_____) - _____
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: <input type="checkbox"/> 0 - 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 or more
Estimated number of data recovery referrals anticipated during the coming one year period.	PLEASE CHECK ONE: <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 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 _____