

CBL DRA PARTNER PROGRAMME REGISTRATION FORM

PARTNER INFORMATION

Company:

Address:

City/Town:

State:

Country:

Postcode:

Telephone:

Fax:

Web Site:

PRIMARY CONTACTS

Name:

Title:

Telephone:

E-mail:

Name:

Title:

Telephone:

E-mail:

BUSINESS INFORMATION

No. of Employees:

No. of Locations:

What is your geographic coverage?

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Please indicate which categories best describes your organisation.

Value Added Reseller

Computer Service and Repair

Master Distributor

Retail Outlet

Systems/Network Integrator

Consultant

OEM

Other _____

Software Developer

Please specify.

Do you currently offer your customers data recovery services?

Yes No

If you do offer your customers data recovery services, what organisation's services do you utilise?

Self

Other _____

Please specify.

PLEASE FAX THIS FORM TO CBL DATA RECOVERY TECHNOLOGIES AT 61 7 3283 3203.

Information submitted to CBL will be kept private and confidential and is for CBL's information only.