IBM WebSphere Commerce Suite Incentive Payment Request Form

To qualify for an incentive payment, you must sell eligible WebSphere Commerce Suite software product licenses to end users during the specified time period.

Eligible Products

WebSphere Commerce Suite, Start Edition
WebSphere Commerce Suite, Pro Edition
WebSphere Commerce Suite, MarketPlace Edition
WebSphere Commerce Suite, Service Provider Edition
WebSphere Catalog Manager
WebSphere Commerce Studio
IBM Commerce Integrator
WebSphere Payment Manager
IBM Consumer Wallet
IBM Micro Payments
IBM Payment Gateway

1.   End-user invoices must have a date of on or after March 6, 2001, but no later than June 29, 2001.

2.   As proof of sales, send copies of end-user invoices for the eligible products to the IBM Redemption Center at the address listed below.

End-user invoices/bills of sale must be either typewritten or computer generated. Handwritten or altered documents will not be accepted.

3.   To qualify for the payment, this form must be received on or before July 13, 2001, at:

>   IBM Redemption Center
>   12755 State Highway 55
>   Minneapolis, MN 55441-8280
>   Mail Stop 8280
>   Phone: 800-599-0285
>   Fax: 800-936-3602
>   e-mail: ibmrebate@carlson.com
>
>   Attn: IBM WebSphere Commerce Suite Incentive

To receive a confirmation of receipt of the rebate request, you should provide your e-mail address in the space provided on this request form. To check the status of a rebate request, you should call 800-599-0285 and reference the "IBM WebSphere Commerce Suite Incentive."

4.   Any Payment Request forms lost or misdirected by the Postal Service or other delivery service are not the responsibility of IBM or the IBM Redemption Center.

5.   Allow up to eight weeks for your payment check/cheque to arrive.

6.   This incentive is void wherever prohibited or restricted by law.

7.   IBM reserves the right to modify or withdraw this incentive at any time.

To receive your payment, complete the following:

Name (please print) _____

Company (if appropriate) _____

Address _____

Mailing Address (if different) _____

City _____ State/Province _____ Zip/Postal Code _____

e-mail Address _____

Daytime Phone _____

Make Check/Cheque Payable To _____

Address _____

I certify by my signature that the information I have entered on this Payment Request is accurate and complete and that submission of this form is in accordance with the Payment Request instructions.

Signature _____ Date _____

Name (please print) _____