IBM Sales Assistance Program Sales Assistance Payment Form

Please provide complete name and address information, not abbreviations, in order to facilitate processing.

* Indicates a required field; you must provide the information requested

RUSINESS	PARTNER	INFORMA	ATION:

* Business Partner Na	ame:	* IBM Business Partner #:				
* IBM Software Prog	ram number: BST	* IBM Distributor:				
E-mail Address:	E-mail Address: Tracking No. of Project Form:					
CUSTOMER INFO	RMATION:					
* Customer Name:	ailable):					
* Customer Address:						
(line 2): _						
* City:	* State/Province:	* Zip/Po	stal Code:	* Country:		
* Contact Name:		*Telepho	ne Number: ()_			
Passport Advantage	contract number:					
	Pro	duct Categorie	es			
APPLINT - IB	M Application Enabling and	Integration	SECURE - Secureway			
CONTMGMT - Content Management			SYSMGMT - Systems Management			
DBMGMT - Database Management			TRANSYS - Transaction Systems			
E-COMM - E-	Commerce		VOICE - Voice			
OPSYS - Opera	ating Systems		Lotus			
Knowledge Ma	nagement/eLearning					
-	oth signatures for submission artner named below performe ove.					
IBM Business Partne	r Name: (please print)	_	Customer Name: ()	please print)		
Business Partner Sign	nature:	_	Customer Signature): :		
Title:		_	Title:	Date:		

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For IBM Sales Assistance Program Participant Use Only

This form must be received within four (4) months of the First Date of Charge or Proof of Purchase date for the software products included on this form.

Products Ordered					
Product Name	Product Category	Product Number	QTY	Invoice Date MM/DD/YY	Proof-of-Purchase (1) Information
1. (2.]	: Proof-of-purchase is Customer invoice Hard copy purchase of 'Passport Advantage'	order	s of one of	f the following:	
These terms preva Program Terms A		dition to those of th	e IBM Bu	usiness Partner Ag	greement - Sales Assistance
Comments:					