IBM Sales Assistance Program - Latin America

IBM Sales Assistance Program Project Form

This form must be submitted at least 15 days prior to the date on the document provided as proof-of-purchase.

The fields indicated with an asterisk (*) are required to complete this transaction; other fields are optional.

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

*Customer Name: _____

*Today's Date: _____
(ex. mm/dd/yy)

*IBM Business Partner Name: _____

*IBM Business Partner ID: _____

*IBM Business Partner Contact Name: _____

*Telephone #: (xxx-xxx-xxxx) _____
Country Code: _____
Fax#: _____
*IBM Business Partner e-mail Address: _____

Customer Information:

*Mailing Address (line 1): _____
Address (line 2): _____
Address (line 3): _____
*City: _____
*State/Province: _____
*Zip/Postal Code: _____
*Country: _____
*Customer Contact Name: _____
*Telephone #: (xxx-xxx-xxxx) _____
Country Code: _____

IBM Customer number: _____
(if available)

*IBM Rep you are working with on this account: _____
(If no one assigned, enter "none".)

Please answer Yes or No to the following questions:

*Is this an extension to an existing Project Form?   Yes [] No []

If yes, what is the Tracking # of the existing form? _____

*Could fees earned from a single product exceed US$ 40,000?   Yes [] No []

Proposed Products

Check all product categories that you will be proposing to this customer.

Enter your estimated revenue, odds that this opportunity will close and estimated invoice date, per category:

Category	Revenue US$	Odds	Date
APPLINT - IBM Application Enabling and Integration			
CONTMGMT - Content Management			
DBMGMT - Database Management			
E-COMM - E-Commerce			
OPSYS - Operating Systems			
SECURE - Secureway			
SYSMGMT - Systems Management			
TRANSYS - Transaction Systems			
VOICE - Voice			
Lotus			
Knowledge Management/eLearning			

Print Your Name: _____

Your Signature: _____

Date: _____