



Data Recovery Specialists

APPLICATION FOR INTELLIRECOVERY AUTHORIZED RESELLER

Please completely fill out the application below and fax it to: (415) 358-4383

Date _____

Company Name _____

Business License Number _____

Type of Service/Business _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

URL _____

E-mail _____

Contact Person _____

Title _____

It is understood that all the information provided below is necessary for the IntelliRecovery Reseller Program application. IntelliRecovery reserves the right to decline any application at its own discretion. Failure to provide accurate company information may prevent the processing of this application.

Authorized Signature _____

Date _____

For Office Use Only

Region _____ Handled By _____

Reseller ID _____ Effective Date _____

Approved By _____ Remarks _____

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