

Reseller Buyer Email

BILL TO (mailing address):

DELIVER TO (email address):

P.O. Box 855 | Palo Alto | CA 94302 | USA | TEL +1 650 289 9869 | FAX +1 650 472 8940

RESELLER PURCHASE	ORDER FORM				
PURCHASE ORDER #	ORDER DATE	PAGE			
		of			
RESELLER PARTNER INFO	RMATION	END-USER IN	ORMATION		
Reseller Organization Name		End-User Orga	nization Name		
Tidebreak Reseller ID #		Project Name	Project Name		
Opportunity Registration Da	ate				
Reseller Buyer Name		Primary Contac	t Name		
Reseller Buyer Phone		Primary Contact	t Title		

Primary Contact Phone Primary Contact Email

Technical Contact Name Technical Contact Title Partner to provide ongoing post-install upgrade support

[Note that delivery will be via electronic download, with notification sent to the address above.]

PRODUCTS					
Product Code	Product Description	Qty	Unit Price	Discount %	Extended Price
				%	
				%	
				%	
				%	
				%	
				%	
				%	
				%	
				%	

Products Subtotal US\$

SERVICES					
Item Code	Item Description	Qty	Unit Price	Discount %	Extended Price
				%	
				%	
				%	
				%	

Services Subtotal US\$

Products Subtotal	US\$
Services Subtotal	US\$
Taxes	US\$
Other Fees	US\$
TOTAL	US\$

Acknowledgement

Authorized Reseller Purchasing Agent Signature * Date

All terms are per the reseller agreement signed between Reseller and Tidebreak, Inc. All other terms and conditions not set forth therein shall be void.

* If you are completing this form electronically via Acrobat, type your name on the Signature line.

TBRPOF v.1.1.0 1