

ENROLLMENT FORM

YES! Enroll me immediately in **PowerRewards**. Enrollment is required only one time.

To enroll, please complete all information (print clearly or type) and send via fax (800) 255-4980, or mail to:
PowerPaq Program Headquarters, P.O. Box 4900, Fenton, MO 63099.

Reseller I.D. Number: _____

Reseller DBA Name: _____

Reseller Address: _____

City: _____ State: _____ ZIP: _____

Participant Name: _____

Participant Type: Sales Manager Sales Representative Systems Engineer Accredited Systems Engineer

Participant Home Address: _____

City: _____ State: _____ ZIP: _____

Participant Home Telephone: () _____

Participant Social Security Number: _____ — _____ — _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Business Telephone: () _____ Business Fax: () _____

Internet Address: _____

I verify that the information provided is correct. I understand that enrollment into PowerRewards is required only once.

Signature: _____ Date: _____

Please direct all questions pertaining to the PowerRewards Program to PowerPaq Headquarters at 1-800-253-3482.

COMPAQ