

2009 PROGRAM ENROLLMENT FORM (1 OF 2)

Please complete all fields listed below and return this Program Enrollment Form by facsimile, email or mail to:

Panasonic Communications Company of North America (PCCNA),
Unit of Panasonic Corporation of North America

Three Panasonic Way, 7F-1
Secaucus, NJ 07094

Attn: MFP/Fax Sales
Facsimile: 201-348-7074
Email: MFP/Fax sales@us.panasonic.com

COMPANY NAME*: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

MANAGEMENT CONTACT NAME: _____ MANAGEMENT EMAIL ADDRESS: _____

WEBSITE: _____

MFP/FAX SALES FOR CALENDAR YEAR 2008: _____

PROJECTED MFP/FAX SALES FOR CALENDAR YEAR 2009: _____

NUMBER OF SALES REPRESENTATIVES: _____

PRIMARY MARKETING CONTACT: _____

PRIMARY SALES CONTACT: _____

AUTHORIZED DISTRIBUTOR**: _____ ACCOUNT #: _____

TYPE OF BUSINESS: VAR SERVICE PROVIDER SYSTEM INTEGRATOR SERVICE BUREAU ISV

PERCENTAGE OF BUSINESS: GOVERNMENT _____% COMMERCIAL _____% STATE & LOCAL _____% OTHER _____%

MARKETS:

ACCOUNTING BANKING COMMERCIAL DATA CAPTURE DOCUMENT MGMT EDUCATION FEDERAL GOVERNMENT

HEALTHCARE INSURANCE INTERNET BASED LEGAL TRANSPORTATION

2009 PROGRAM ENROLLMENT FORM (2 OF 2)

Please list the Manufacturer(s) of the following products you currently sell:

FAX: _____

RELATED SOFTWARE: _____

MULTIFUNCTIONAL (MFP) DEVICES: _____

IMAGING SOFTWARE: _____

DO YOU HOLD ANY STATE, LOCAL, EDUCATION, OR FEDERAL CONTRACTS? (EXAMPLES: GSA, GWAC, MAC, BPA, IPIQ)

WHO ARE YOUR MAJOR COMPETITORS: _____

*Full Legal name is required.

Terms and Conditions:

PCCNA reserves the right to deny the application of any applicant or dismiss a reseller from the Authorized Reseller Program at any time for any reason. By executing this Program Enrollment Form, you agree to comply with the terms and conditions of the Authorized Reseller Program and consent to PCCNA sending you further details regarding the Authorized Reseller Program and other product information by facsimile, e-mail or other means. All or part of the Authorized Reseller Program may be changed or cancelled at any time without notice.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

FOR PANASONIC HQ USE:

ACCEPTED BY (PCCNA-HQ DIRECTOR): _____ DATE ENROLLED: ____/____/____

NOTES: _____

