

# AUTHORIZATION FORM

## North America: Authorization Request Form

### FOR INTERNAL USE ONLY

Authorization No.

### COMPANY INFORMATION

Business Name:  Tech Data Account #   
Street Address:  Physical Office Locations: (Email or fax if >3)   
City:  State:  Zip:   
Country:   
Main Voice Phone:  Number of Sales Representatives:   
Fax Phone:  Number of Pre-Sales Representatives:   
Web Site URL:

### BUSINESS INFORMATION

Primary LAN Switches Specified:   
Primary WAN Routers Specified:   
Approximate Annual Hardware-only Revenues:   
Approximate Annual Service-only Revenues:   
Key Geographies Served (Cities or States):   
Key Vertical Specialties:

### CONTACT INFORMATION

Principal or Owner:  Fax Phone:   
Main Voice Phone:  Email Address:   
  
Sales Director or VP:  Fax Phone:   
Main Voice Phone:  Email Address:   
  
Technical Director or VP:  Fax Phone:   
Main Voice Phone:  Email Address:   
  
Quote Required:   
Configuration Required:   
  
Today's Date:   
Person Completing Profile:   
Phone Number:

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RCM   
ISR

Please return completed forms to: Tech Data Vendor Product Rep.  
Fax: (727) 571-9148 • Phone: (800) 237-8931 x80303  
5350 Tech Data Drive • Clearwater, Florida 33760

