

**CBL DRA PARTNER PROGRAMME REGISTRATION FORM**

**PARTNER INFORMATION**

Company:

Address:

City:

County:

Country:

Postcode:

Telephone:

Fax:

Web Site:

**PRIMARY CONTACTS**

Name:

Title:

Telephone:

E-mail:

Name:

Title:

Telephone:

E-mail:

**BUSINESS INFORMATION**

No. of Employees:

No. of Locations:

What is your geographic coverage?

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Please indicate which categories best describes your organisation.

Value Added Reseller

Computer Service and Repair

Master Distributor

Retail Outlet

Systems/Network Integrator

Consultant

OEM

Other \_\_\_\_\_

Software Developer

Please specify.

Do you currently offer your customers data recovery services?

Yes  No

If you do offer your customers data recovery services, what organisation's services do you utilise?

Self

Other \_\_\_\_\_

Please specify.

**PLEASE FAX THIS FORM TO CBL DATA RECOVERY TECHNOLOGIES AT 44 0191 293 0718.**

*Information submitted to CBL will be kept private and confidential and is for CBL's information only.*