

Agent Partner of Record Nomination Form

Please Fax completed form to: 281-274-9637- Incomplete forms cannot be considered and will be returned. All requests are subject to internal validation with the appropriate HP Sales Representative(s), prior to final approval.

For orders submitted to HP under the PartnerONE Agent Tool, unless otherwise stated on the purchase order, the Partner listed below is designated as Agent Partner of Record.

Partner Name/Outlet ID #	<input type="text" value="Sterling Office Systems / 5991140001"/>
Address/City/State/Zip	<input type="text" value="23939 Research Dr / Farmington Hills / Mi / 48335"/>
Phone	<input type="text" value="248-426-6200"/>
Partner Contact Name	<input type="text" value="Jeff Polites"/>
Partner Contact E-mail	<input type="text" value="jpolites@sterlingofficesystems.com"/>

We understand that assignment of an Agent Partner of Record is not required in order to purchase HP products, and that we may at any time submit a new Agent Partner of Record to supersede this one. This document is not a contract or guarantee of commission to the HP Partner named within this form. It is meant merely as a convenience to my institution.

A POR, upon approval from HP, allows HP to compensate the HP Business Partner named within this form, for acting as an Agent supporting all HP Direct sales of **Business Track** products (Intel Servers, PCs, and Printers) to my institution.

I understand if the HP Business Partner is not supporting the purchases of ALL of my HP Direct Business Track products (Intel Servers, PCs, Printers), the agreement will not be considered.

YES NO Do multiple partners impact your decision to consider HP for your IT solutions?

This request applies to the following type of purchase orders: (please select one)

All purchase orders from the Institution

All orders from HP Direct Vista Customer Number(s)

HP Direct Customer Number(s)	<input type="text"/>	
Name of Customer Institution	<input type="text"/>	✓
Address/City/State/Zip	<input type="text"/>	✓
Customer Signatory E-Mail (required)	<input type="text"/>	✓
Phone Number	<input type="text"/>	✓

<input type="text"/>	✓	
Authorized Signature from Customer Institution		
<input type="text"/>	✓	
Name of Signatory (please print) &		
<input type="text"/>	<input type="text"/>	✓
Title	Date	

This designation expires one year from the date above.

Involved parties may terminate this designation without cause at any time for any reason. Please direct any questions to hpmarketingprogramsupport@hp.com, or call 888-629-6914, Opt. 4.