



## Kaspersky® Security Products Reseller Application

Microbe Pty Ltd. ABN 64 108 836 577 21 Boomerang Place, Seven Hills NSW 2147  
Phone: 02 9676 7340. Fax: 02 9672 4211. E-mail: [sales@microbe.com.au](mailto:sales@microbe.com.au). Online at: [www.kaspersky.com.au](http://www.kaspersky.com.au)

Your application will be treated in the strictest confidence. By signing this form, you agree to be bound by the terms and conditions outlined on page 3 of this document. Once approved and accepted, this application becomes the reseller contract between Microbe Pty. Ltd., (the Kaspersky Partner), and the organisation listed under the section "Organisation Details" (The Kaspersky Reseller for Microbe Pty Ltd).

**Please ensure that you complete all the fields - we cannot accept an incomplete form.**

### Company Details:

Company Name: \_\_\_\_\_

Trading As: \_\_\_\_\_

ABN: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Mobile phone no.: \_\_\_\_\_

(The above contact will be sent login details and order details)

### Company Principal Details:

Name(s): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### Trade References: (We require 2 trade references)

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Financial Details:

Account Name: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_ State: \_\_\_\_\_

Payment Terms: **COD Only**

**Business Information:**

Type of Business (Please tick one box):  Sole Trader  Partnership  Company  Registered Business

Company founded in what year? \_\_\_\_\_

Your main services (List by order of importance): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Base (Total numbers): Dealers \_\_\_\_\_ End Users \_\_\_\_\_

What is the total of number computers in organisations of existing and potential customers?  
(Please provide an estimation) \_\_\_\_\_

Does your organisation sell anti-virus products from other companies? (If yes, which products?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you carry out first level technical support for Kaspersky Anti-Virus products? YES  NO

What is your expected volume of sales of Kaspersky Anti-Virus products? (Units per month) \_\_\_\_\_

What is the estimated turnover resulting from sales of Kaspersky Anti-Virus? (\$ per month) \_\_\_\_\_

Which business sectors are you expecting to sell to:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Home users                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Small/Medium businesses          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Corporate (enterprise) customers | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Retail customers                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| OEM                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

How did you find out about the possibility of reselling Kaspersky products?

- CRN Banner advertising
- Internet browsing
- Word of mouth
- Newspaper
- Magazine
- Other (please specify) \_\_\_\_\_



## Kaspersky® Security Products Reseller Agreement Terms & Conditions

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### Payment Terms

Payment terms are COD. This can be by credit card (Bankcard, Visa and MasterCard), direct deposit, cheque or money order, unless otherwise agreed.

### Direct Deposit Details

Account: Microbe Pty Ltd  
Bank: Commonwealth Bank  
Branch: Best Rd Seven Hills  
Branch No: 062 452  
Account No: 1011 9881

### General Terms

- 1 Orders will be fulfilled once confirmation of payment is made. Legal title of the goods does not pass to the customer until such time as payment in full has been received by Microbe.
- 2 Prices are based on Kaspersky Labs prices. Prices are reviewed regularly and are adjusted to reflect fluctuations in international exchange rates without notification to the reseller. Microbe will endeavour to, but are under no obligation to, keep resellers informed of price changes. Our Kaspersky website will be updated immediately should any price changes occur.
- 3 Reseller margin is 20% off RRP. Microbe reserves to right to change these margins at their discretion and without notice.
- 4 Resellers will provide 1<sup>st</sup> level support to their Kaspersky end users. Microbe will provide 2<sup>nd</sup> level support when the reseller is unable to resolve an issue.
- 5 Microbe reserves the right to terminate this agreement at any time without notice.
- 6 Microbe Pty Ltd's obligations under any relevant Australian laws shall be limited, to the extent permitted by law, to (a) in the case of software or Hardware, their replacement, repair or rectification, and (b) in the case of Support Services, to their resupply.

I certify that I am authorised to sign this application on behalf of this organisation and that I/We agree to be bound by the trading terms and conditions of Microbe Pty Ltd. I certify that the information given in this application is true and correct to the best of my knowledge.

Your Name (Block Letters): \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print & Fax this form (all 3 pages) to Microbe Pty Ltd (02) 9672 4211**

#### Office Use Only

Approved?  YES  NO

Signed on behalf of Microbe Pty Ltd: \_\_\_\_\_

Signatory to print name: \_\_\_\_\_

SUN Code: \_\_\_\_\_

Account: \_\_\_\_\_ Username: \_\_\_\_\_ Password: \_\_\_\_\_