



Deal Registration Form

RESELLER PARTNER INFORMATION

Contact Name		Title	
Company Name			
Address			
City		State	Zip
Phone	Fax		Email

OPPORTUNITY INFORMATION

Prospect			
Contact Name		Title	
Address			
City		State	Zip
Contact Phone		Fax	
Email		Main Phone	
Description of Existing Problem or Solution Sought			
ORock Product(s) to be Utilized			
Number of Potential Users			



Opportunity Size (Estimated annual recurring revenue and contract term)

Projected Transaction Date

OROCK APPROVAL

**Deal registration approved for an additional _____% discount off MSRP and valid through:
_____ (MM/DD/YY)**

Name	Title
Signature	Date

All accepted government Deal Registrations shall remain open for an Initial Term of six (6) months subject to extension. Please refer to the ORock Reseller Agreement for a complete list of terms and conditions.