



Designated Influencer of Record Form

Designated Influencer of Record: _____

Address: _____

City/State/Zip: _____

Phone: _____ Contact Name: _____

Contact Phone Number: _____ Contact e-mail: _____

Designated Influencer Location ID (LOCID): 44450

Phoenix Sales Rep email if known: _____

We recognize and acknowledge that the Lenovo Business Partner name listed above is the Designated Influencer of Record for our company as related to the Lenovo Personal Page Web Site that will be, or has already been, specifically created for our business purchases. We understand that there can be only one Designated Influencer of Record per Lenovo Personal Page Web Site.

As the Designated Influencer of Record, the Business Partner has an existing relationship with us and is providing, and will continue to provide, at least one or more of the following support activities to our company; pre and post sales support, marketing and advertising, demonstrations, configuration assistance, training, consulting, application and/or hardware integration, network management, etc.

We understand that the assignment of a Designated Influencer of Record is not required to purchase Lenovo products. We also understand that the Designated Influencer of Record Form can be resubmitted at any time to either 1) replace the Designated Influencer of Record with another Lenovo Business Partner or 2) remove the existing Designated Influencer of Record. We may also select a different Business Partner for non Lenovo Personal Page Web Site orders by submitting a purchase order which lists the LOCID of another Lenovo Business Partner.

This Designated Influencer of Record assignment expires one (1) year from the date signed by the authorized signatory below.

New Designated Influencer of Record Form? : _____ (Yes or No)

Replacement Designated Influencer of Record Form? : _____ (Yes or No)

Remove Existing Designated Influencer of Record? _____ (Yes or No)

Existing Designated Influencer of Record to be replaced or removed:

Business Partner Name: _____ LOCID _____

Business or Institution Name: _____

Address: _____

City/State/Zip: _____

Authorized Signatory e-mail: _____ Phone #: _____

Authorized Signature from Business/Institution

Print Name Above

Title: _____

Date: _____

Fax signed document to (480) 557-9456, Attn: BP Documentation.

Within 48 hours, an e-mail acknowledgement is sent to the business/institution and business partner email addresses specified above. Please send e-mail to customerservice@betterdirectcorp.com with questions or fax transmission issues.