



# PARTNER PROGRAM APPLICATION FORM

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## Contact Details

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

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

Position \_\_\_\_\_

Company Address / Registered Office:

Post Code / ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

Company Registration No. \_\_\_\_\_

Web Site \_\_\_\_\_

## Application Details

Please tick the box representing the partner program you would like to join:

- Distributor / Mirror   
 Reseller   
 **TO BE LAUNCHED SOON** Support Partner   
 Premium Partner

Region \_\_\_\_\_

Why do you wish to become a partner?

Describe your main business focus (i.e. Integrators, Consultants, Developers):

Annual Turnover (US\$) \_\_\_\_\_

Company Founded (date) \_\_\_\_\_

Number of Employees \_\_\_\_\_

Please tick if you have these resources within your organisation:

- Dedicated Sales Team   
 Linux Certified Technicians   
 Wireless Specialists   
 Linux Developers

Please tick the box that best describes your target market for CensorNet:

- Small Business   
 Corporate / Blue Chip   
 Government   
 Education

Signed: \_\_\_\_\_

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

By signing this application form you are also accepting our Standard Terms & Conditions, a copy of which is available from our Web site <http://www.adelix.com>.

**Please SIGN, PRINT then FAX completed application forms to +44 (0) 845 230 9591**