



NetBlazer Value Added Reseller Authorization Program

Submit only one application. Upon authorization, VAR may purchase product from any Authorized Telebit Distributor.

Company Name _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

Key Contact _____
NAME TITLE

Marketing Contact _____
NAME TITLE

Sales Contact _____
NAME TITLE

Purchasing Contact _____
NAME TITLE

By the signature of the VAR applicant representative below, applicant warrants and confirms that:

1. The information provided by applicant is true and accurate and applicant agrees to comply with the Telebit/VAR criteria, as outlined in this application.
2. Applicant has read and understands the terms and conditions of the VAR agreement and, upon acceptance by Telebit, agrees to abide by such agreement. Failure to comply will result in termination of Telebit authorization.

Applicant Signature _____
COMPANY OFFICER

Name _____ TITLE DATE

Fax completed application to **Telebit Channel Sales** at **408 745 3802**. (Phone: 408 745 3293)

Obligations of the VAR

1. All Authorized Telebit NetBlazer VARs will be required to provide a first level of NetBlazer support to their end users. This includes, but is not limited to, basic installation.
2. All authorized Telebit NetBlazer VARs will be required to take a technical training course on the NetBlazer product line within 90 days of authorization. Each VAR is responsible for maintaining one Certified NetBlazer Specialist (CNS) on staff. Telebit will waive the course requirements if the VAR can demonstrate above average knowledge of the NetBlazer products and can pass the certification test. Those electing to take the 2-hour test without benefit of the training course may contact 1 800 TELEBIT, option 4.



Company Profile

1. What are your total sales revenues?

1992 _____ 1993 _____ 1994 _____ 1995 Projections _____

2. What primary networking and data communication products are you currently authorized to sell?

Manufacturer	No. of Years	Certification Level (gold, platinum, etc.)	% of Revenue
_____	_____	_____	_____
_____	_____	_____	_____

3. What percentage of your gross annual revenue in the last 12 months was generated from sales of:

Hardware _____% Networking _____% Software _____ Services _____%

4. Please indicate the network and communications product(s) you support (Network Systems and Protocols)

AppleTalk® _____ TCP/IP _____ IPX/SPX _____ DECnet _____ SNA _____

Operating Environment

AppleShare® _____ LAN Manager _____ NetWare _____ Banyan _____ DEC _____ Sun _____

5. Indicate the number of your current employees. Do not count employees more than once if they perform more than one function.

Sales _____ Sys. Engs/Tech. Support _____ CNEs _____

6. In which geographic areas do you do business?

Northeast _____% Northwest _____% South Central _____% Southeast _____% Midwest _____%

West _____% International _____% — list countries _____

7. Service and Support Plan for NetBlazer Products (VERY IMPORTANT INFORMATION)

Define the installation procedures you use at a customer site.

NetBlazer Certification Options

Name _____

Company _____

Address _____

ZIP _____

Phone Number (include area code) _____

Fax Number (include area code) _____

Training — Enrollment Form

Course Number (Review chart below and check one): NBCOMP _____ NBINST _____

Order No.	Course Name	Course Description	Time	Price
TT-NBCOMP	Internetworking Protocol Overview and NetBlazer Installation & Configuration	Basic introduction to standards for local and wide area networking. Fundamentals of TCP/IP, IPX and AppleTalk protocol suites. Introduction to the features and functions of the NetBlazer. Installation and configuration of the NetBlazer for common applications, and minor troubleshooting. The course is taught via lectures and hands-on laboratory exercises.	3 days available monthly	\$975 list \$731 reseller
TT-NBINST	NetBlazer Installation & Configuration	Introduction to the features and functions of the NetBlazer. Installation and configuration of the NetBlazer for common applications, and minor troubleshooting. This course consists of the latter two days of the course described above (TT-0NBCOMP), and assumes previous knowledge of internetworking protocols. A self-administered pretest is available to determine this.	2 days available monthly	\$650 list \$487 reseller

First Choice Class: Date _____ Location _____

Second Choice Class: Date _____ Location _____

Special Dietary Requirements _____

Form of Payment:

- Purchase Order Number _____ (please attach copy)
- Check Enclosed for \$ _____ (make check payable to Telebit Corporation)
- Visa/Matercard Number _____

Cardholder's Name _____ Expiration Date _____

Mail completed enrollment form and payment to:

Kim Frank
Telebit Corporation
One Executive Drive
Chelmsford MA 01824 USA
ph 508 656 9116; fax 508 656 9445

Note: Regardless of form of payment, course fees must be received no later than two weeks before class start date. Attendees canceling less than two weeks before the class start date will be charged a cancellation fee of 50% of the course fee. No refunds will be issued to no-shows or anyone canceling within one business day of the start of the class.

Certification Test

_____ I have elected to test out through the NetBlazer Certification Test. I understand that my final approval will be based on my ability to pass this test.

VARs must contact Kim Frank (address listed above) within five days of completing this form to set up a test date or the application will not be approved.