

lomega Professional Pack Authorization Form

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|------------------|------|----------------|----------|
| Business Name | | Contact Person | |
| Address | City | State | Zip Code |
| Telephone Number | | Fax Number | |
| email address | | | |

I understand that the lomega Zip Professional Pack is only to be sold to large organizations who are unable to take advantage of mail in rebates. Authorization depends on your ability to support Zip in complex environments, including Windows NT and OS/2. The Professional Pack is not to be advertised to consumers, displayed in a retail environment, or sold via catalog. I agree to these conditions and request authorization to sell the lomega Professional Pack.

| | |
|----------------------|------|
| Authorized Signature | Date |
|----------------------|------|

Are you enrolled in the lomega VAR program? Yes _____ No _____
 If no, please fill out the following information:

Yearly Average Revenues: _____ # of Employees: _____
 Do you have a Storefront? Yes _____ No _____
 Number of locations: _____

Percentage of Sales According to Platform: MAC _____ PC _____

Vertical Markets covered: please check all that apply:

| | | |
|----------------------|--------------------|--------------------|
| Corporate _____ | Education _____ | Higher Ed _____ |
| Engineering _____ | Audio/Video _____ | Fortune 1000 _____ |
| Insurance _____ | Government _____ | LAN/WAN _____ |
| Law _____ | MIS/IT _____ | CAD/CAM _____ |
| Service Bureau _____ | Finance/Acct _____ | Real Estate _____ |
| SW Develop _____ | Healthcare _____ | |

Fax this form to lomega at 314-532-4481