

Proposal ID/Framework ID

Custom Select Plus Affiliate Registration Form

Registration Type <i>Reseller to complete</i>	<input type="checkbox"/> Lead Affiliate <input type="checkbox"/> Additional Affiliate	Organization Type <i>Reseller to complete</i>	<input type="checkbox"/> Corporate <input type="checkbox"/> Government
Additional Affiliate Public Customer Number (PCN) <i>Reseller to complete</i>		Lead Affiliate Public Customer Number (PCN) <i>Reseller to complete</i>	
Qualifying Contract <i>Reseller to complete</i>		Change Affiliate Anniversary Month <i>Reseller to complete</i>	<Choose Month>
Agreement Number <i>Microsoft or Reseller to complete</i>		Previous Enrollment / Registration (Optional) <i>Reseller to complete</i>	

Only entities that meet the definition of Affiliate as outlined in Section 1.8 A (i, ii, iii) of the MBT can participate in the Government Select Plus program. Qualified Educational Users are not eligible under the Government Select Plus Agreement and should enroll under the Academic Select program.

This Select Plus Registration is governed by the Microsoft Business Terms (MBT), the Government Select Plus Agreement and the terms and conditions therein. By entering into this Registration, the Registered Affiliate agrees to be bound by the terms and conditions of the Government Select Plus Agreement and the MBT.

This registration is valid when accepted by Microsoft and until it is terminated. Registered Affiliate will receive an acceptance notification confirming the effective date of this registration. Either party may terminate this registration for any reason with 60 days advance written notice. Terminating this registration will terminate the Registered Affiliate's ability to place Orders under the Agreement.

In order to use a third party to reimage the Windows Operating System Upgrade, Registered Affiliate must certify that it has acquired qualifying operating system licenses. See the Product Terms for details.

1. **Primary contact information.**

Registered Affiliate must identify an individual from inside its organization to serve as the primary contact. This contact is also an Online Administrator for the Volume Licensing Service Center and may grant online access to others.

- Name of entity*
- Contact name* First Last
- Contact email address*
- Street address*
- City * State/Province* Postal code*
- Country*
- Phone* Fax
- Tax ID

2. **Notices contact and online administrator.**

This individual receives contractual notices. They are also the Online Administrator for the Volume Licensing Service Center and may grant online access to others.

Same as primary contact

Name of entity*
Contact name* First Last
Contact email address*
Street address*
City* State/Province* Postal code*
Country*
Phone* Fax

This contact is a third party (not the Registered Affiliate). Warning: This contact receives personally identifiable information of the Registered Affiliate.

3. **Language preference.**

Select the language for notices. English

4. **Media delivery contact.**

If media election form is not completed, provide a ship to/download to location for applying sales tax.

Same as notices contact

Name of entity*
Contact name* First Last
Contact email address (required for online access)*
Street address (no PO boxes accepted)*
City* State/Province* Postal code*
Country Country*
Phone* Fax
In City Limits?
Estimated Tax Rate

5. **Reseller information.**

Reseller company name*
Street address (PO boxes will not be accepted)*
City* State/Province* Postal code*
Country*
Contact name*
Phone* Fax
Contact email address*

The undersigned confirms that the information is correct.

<p>Name of Reseller*</p> <p>Signature* _____</p> <p>Printed name*</p> <p>Printed title*</p> <p>Date*</p>
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Changing a Reseller. This Section is intentionally omitted and is included in Section 1.4 of the associated MBT.

6. **Supplemental Contacts.**

Customer's Notices Contact identified above is the default contact for administrative and other communications. However, Customer may designate additional contacts using the Supplemental Contact Information form

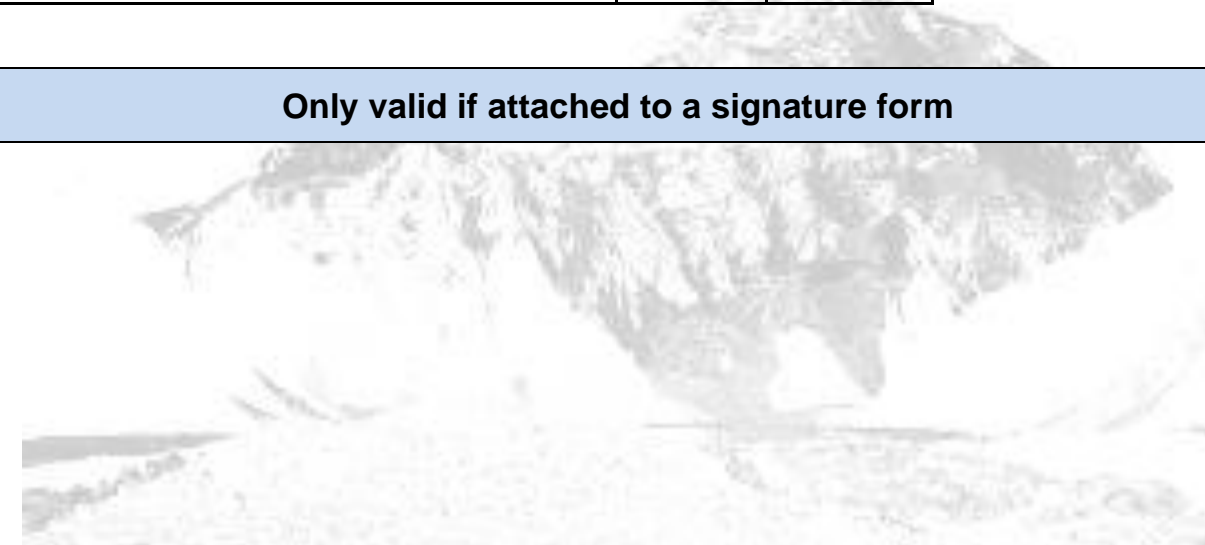
7. **Software Assurance Membership Election.**

Each Registered Affiliate may qualify for and receive additional benefits with Software Assurance membership. By electing Software Assurance membership below, Registered Affiliate is committing for a minimum period of one year to include Software Assurance with every eligible Order, and to maintain Software Assurance for all copies of Products licensed under this program for at least one Product pool.

Product Pools	Yes	No
Applications	<input type="checkbox"/>	<input type="checkbox"/>
Systems	<input type="checkbox"/>	<input type="checkbox"/>
Servers	<input type="checkbox"/>	<input type="checkbox"/>

Note: If "Yes" is marked, orders for Licenses without Software Assurance will not be accepted.

Only valid if attached to a signature form



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The Microsoft Qualified Educational User Eligibility Definition is identified in Section 4.3 of the associated Microsoft Business Terms Agreement (MBT). New York Affiliates that are not Qualified Education User entities are not eligible under the Academic Select Plus Agreement and should enroll under the Government Select Plus program.

This Select Plus Registration is governed by the Microsoft Business Terms (MBT), the Academic Select Plus Agreement and the terms and conditions therein. By entering into this Registration, the Registered Affiliate agrees to be bound by the terms and conditions of the Select Plus Academic Agreement and the MBT.

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Contact name* First Last

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City* State/Province* Postal code*

County Country*

Phone* Fax

In City Limits?

Estimated Tax Rate

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City* State/Province* Postal code*

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Contact name*

Phone* Fax

Contact email address*

The undersigned confirms that the information is correct.

Name of Reseller*

Signature* _____

Printed name*

Printed title*

Date*

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