



## PacketCare Order Form

**Customers:** Please complete and attach this form to your purchase order and submit to your Packeteer partner.

**Resellers:** Please complete and attach this form to your purchase order and submit to either your distributor or Packeteer.

**Distributors:** Please attach copies from your resellers when submitting your purchase orders.

The information requested in Parts 1-4 is **required** for all PacketCare purchases. Please note that PacketCare services are non-refundable and non-transferable.

### Part 1 – Contact Information

|                            |                 |                 |              |                |  |
|----------------------------|-----------------|-----------------|--------------|----------------|--|
| Distributor Name:          |                 | Purchase Order: |              | Date:          |  |
| Street Address:            |                 |                 |              |                |  |
| City:                      | State/Province: | Country:        | Postal Code: |                |  |
|                            |                 |                 |              |                |  |
| Distributor Contact Name*: |                 | Contact Email:  |              | Contact Phone: |  |
| Street Address:            |                 |                 |              |                |  |
| City:                      | State/Province: | Country:        | Postal Code: |                |  |
|                            |                 |                 |              |                |  |
| Reseller Name:             |                 | Purchase Order: |              | Date:          |  |
| Reseller Contact Name*:    |                 | Contact Email:  |              | Contact Phone: |  |
| Street Address:            |                 |                 |              |                |  |
| City:                      | State/Province: | Country:        | Postal Code: |                |  |
|                            |                 |                 |              |                |  |

|                            |                 |                 |                |                |  |
|----------------------------|-----------------|-----------------|----------------|----------------|--|
| Customer Name (End User)*: |                 | Purchase Order: |                | Date:          |  |
| Street Address:            |                 | Contact Name:   | Contact Email: | Contact Phone: |  |
| City:                      | State/Province: | Country:        |                | Postal Code:   |  |

*\*Name of person that will receive purchase confirmation and renewal notification.*

IF YOU WISH THESE SERVICES TO BE ADDED TO AN EXISTING CONTRACT PLEASE PROVIDE THE FOLLOWING INFORMATION (ALL SERVICES WILL EXPIRE AT THE SAME TIME BY ADDING ADDITIONAL SERVICES TO ONE CONTRACT):

CONTRACT #: \_\_\_\_\_

SERVICE EXPIRATION DATE: \_\_\_\_\_

