

# B2B Partner Nomination Form

**Please Fax completed form to your HP Agent Sales Manager.** Incomplete forms cannot be considered and will be returned. All requests are subject to internal validation with the appropriate HP Sales Representative(s), prior to final approval.

For orders submitted to HP via the B2B Extranet Tool, unless otherwise stated on the purchase order, the Partner listed below is designated as B2B Partner.

Partner Name/Location ID #	Kenmie Computer Corporation / 10021408
Street Address	RR 3 Box 519
City/State/Zip	Elkins, WV 26241
Phone	304-637-7223
Partner Contact Name	Kenny Channels
Partner Contact E-mail	kenny@kenmiecomputer.com

We understand that assignment of a B2B Partner is not required in order to purchase HP products, and that we may at any time nominate a new B2B Partner to supersede this one. This document is not a contract or guarantee of commission to the HP Partner named within this form. It is meant merely as a convenience to my institution.

A B2B Partner nomination, upon approval from HP, allows HP to compensate the HP Business Partner named within this form, for acting as an Agent supporting all HP Direct orders **submitted through the B2B Extranet Tool** to my institution. Further, only **HP Business Track** products (Intel Servers, PCs, and Printers) are eligible for Agent compensation impacted by an approve nomination. **I understand if the HP Business Partner is not supporting the purchases of ALL of my HP Direct Business Track products (Intel Servers, PCs, Printers), and/or if the order is not placed via the B2B Extranet Tool, the agreement will not be considered.**

YES  NO Do multiple partners impact your decision to consider HP for your IT solutions?

This request applies to the following type of purchase orders: (please select one)

- All B2B Purchase orders from the Institution
- All B2B Orders from HP Direct Vista Customer Number(s)

HP Direct Customer Number(s)	<input type="text"/>
Name of Customer Institution	<input type="text"/>
Street Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Customer Signatory E-Mail	<input type="text"/>
Phone Number	<input type="text"/>

Authorized Signature from Customer Institution

Name of Signatory (**please print**)

Title

Date

**This designation expires one year from the date above.**

**Involved parties may terminate this designation without cause at any time for any reason. Please direct any questions regarding this form to your Agent Sales Manager.**