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## PARTNERSHIP PROGRAM FORM

Please fill out the fields below and fax back to ELCOTRONICS Data Recovery, Fax: (08) 9329 9113, to be entered into our Partnership Program.

## TERMS AND CONDITIONS OF PARTNERSHIP PROGRAM

I acknowledge as a Partner my responsibility for the transportation of data to and from **ELCOTRONICS** and fees due thereon. As a partner I am responsible for my customers data recovery and shall not disclose to any third party any sensitive or misleading information or claims about the services or products of **ELCOTRONICS**.

I agree to accept 15% discount on any data recovery I send to you. This excludes diagnosis fees. I accept that diagnosis can only be made by **ELCOTRONICS**.

I agree to pay in full the amount charged for diagnosis and recovery before any work can be undertaken to recover data by **ELCOTRONICS**, and I accept it is my responsibility to collect any monies due from my customers and I accept that **ELCOTRONICS** will not make any refunds on diagnosis and data recovery.

I accept responsibility for my customers' recovery and payment thereon.

**Program Types: (please tick)** 

I, the undersigned agree to the terms and conditions set out in this document and confirm that I am a Director/Partner/Owner of a legitimate computer company.

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Post Code:	•••••
Phone:	• • • • • • • • • • • • • • • • • • • •
Date:	
	e your clients our details and we will deal directly with LCOTRONICS deals directly with reseller only)