



Reseller AVG Discount Application Form

This form must be completed by Educational establishments, charities and non-profit making organisations when applying for the 50% discount off AVG Licence price.

Please fill out all sections, put N/A for any details that are not applicable. Please Use CAPITAL LETTERS

Organisation Details:

Reseller Name: **Avgvirusfree™**

Organisation Name	
Contact Name	Telephone Number
Address	Fax Number
	Type of Organisation (i.e. School, charity)
Postcode	Registered charity number
Email Address	

AVG software required:

Product	Licence Size	Duration 1 or 2 Years	CD*
AVG Anti-Virus			
AVG Plus Firewall			
Internet-Security			
Anti-Virus Business Edition			

Product	Licence Size	Duration 1 or 2 Years	CD*
Internet-Security Business Edition			
File Server Edition			
Email Server Edition			

**supplied on CD, please check additional costs, if you have any questions please contact your account manager.*

Kindly spend a few moments answering these questions:

1. Where did you hear of AVG?
2. Why did you choose AVG?
3. Are you replacing an existing antivirus product yes / no if yes which one?
4. Would you be prepared to let us refer to you in our marketing material? No internal company data would be divulged by us to any third parties. If you agree to be a possible future reference, then we will contact you prior to using your name. yes / no

Terms and conditions.

The licence (s) are not transferable, and are only for the use of the organisation named on this form.

The prices paid by the organisation named on this form for the license must be 50% of the full end user street prices (RRP). Installation and value added services are extra.

*******Please sign to accept the terms and conditions*******

This form must be signed by the named organisation on this form and not the dealer.

Print Name _____ Signed _____ Position _____

Please fill out all sections and return to your reseller.

**RESELLER: Avgvirusfree 37 Langmore Court, Hanover Way, Bexleyheath, Kent DA6 8BZ
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