



HP Influencer Partner of Record Form

(Applies for Business class track only)

For orders submitted to HP under the PartnerONE Referral Influencer Tool, unless otherwise stated on the purchase order,

(end customer name):
names the Referral Partner listed below as our Referral Partner of Record.

HP Partner ID# Required:	<input style="width: 95%; height: 20px;" type="text" value="10018117"/>
Address:	<input style="width: 95%; height: 20px;" type="text" value="PO BOX 1130"/>
City/State/Zip Code:	<input style="width: 95%; height: 20px;" type="text" value="NIWOT, CO 80544-1130"/>
Telephone #:	<input style="width: 95%; height: 20px;" type="text" value="303-684-8725"/>
Contact Name:	<input style="width: 95%; height: 20px;" type="text"/>
Contact Email Address:	<input style="width: 95%; height: 20px;" type="text"/>

New Referral Partner of Record
 Do you work with multiple HP Business Partners?
 Yes No

Replacement Referral Partner of Record

We understand that assignment of a Referral Partner of Record is not required to purchase HP products. We also understand that we may choose a different Partner for any subsequent order by listing that Partner on the purchase order or that we may submit a New Referral Partner of Record to supersede this one. This document is meant merely as a convenience to the institution. This Influencer Partner of Record assignment expires one (1) year from the date signed by the authorized signatory of this form. During this time period, HP may periodically evaluate the effectiveness and validity of this agreement.

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

All purchase orders from the institution

All purchase orders from (Department within Institution):

HP Direct Customer #	<input style="width: 95%; height: 20px;" type="text"/>	Name of Institution:	<input style="width: 95%; height: 20px;" type="text"/>
Address Number:	<input style="width: 95%; height: 20px;" type="text"/>	Telephone Number:	<input style="width: 95%; height: 20px;" type="text"/>
City/State/ Zip Code:	<input style="width: 95%; height: 20px;" type="text"/>		
Signatory E-Mail (Required)	<input style="width: 95%; height: 20px;" type="text"/>		

Authorized Signature from Institution (Required)

Name of Signatory (please type) & Title: Date:

Involved parties may terminate this Agreement without cause.**Understanding fully the risk that this Agreement may be terminated at any time without cause whatsoever, HP shall not under any circumstances be liable by reason of such termination, for damages or otherwise, Whether the loss of present or prospective commissions or lost profits, or for expenditures, investments, opportunities forgone, or for the inability to fulfill Customer contracts, or otherwise. To the extent permitted by applicable law, and in consideration of its entering into this Agreement, Referral Participant waives and relinquishes any rights or claims under franchise, dealership, or other statutes, or at common law, that would or might Arise out of a termination of this Agreement by HP or the customer, or refusal by HP or the customer to renew or extend the term of this Agreement.

Please Print and Fax completed form to your HP Account Manager @1-303-684-8726.