



Discount Application Form

This form must be completed by Educational establishments, charities and non profit organizations.



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

Organization Details:

Reseller Name: Qubix Technology Ltd

Organization Name:	
Contact Name:	Telephone Number:
Address:	Fax Number:
	Type of Organization: (i.e. School, charity)
Post Code:	Registered charity number:
Email:	

Product	License Size	Duration	CD*
AVG Anti-Virus			
AVG Anti-Virus plus Firewall			
AVG Internet Security			

Product	License Size	Duration	CD*
AVG Anti-Virus Network			
AVG Internet Security Network			
AVG Anti-Virus SBS			
AVG Internet Security SBS			
AVG Email / File Server**			

**Supplied on CD, please check additional costs. **Delete as applicable, if you have any questions then please contact your account manager.*

Kindly spare a few moments to answer the following questions:

- 1, Where did you hear of AVG?
- 2, Why did you choose AVG?
- 3, Are you replacing an existing AVG product? (YES / NO) If yes which one?
- 4, Would you be prepared to let us refer 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 & Conditions

The license(s) are not transferable, and are only for the use of the organisation named on this form.
The prices paid by the organizations named on this form must be 50% of the full end user street prices (RRP). Installation and value added services are extra.

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

Print Name _____ Signed _____ Position _____ Date _____

Please complete all sections and return to:

Qubix Technnology Ltd
8 Bridge Farm Walk, Mangotsfield, Bristol, BS16 9LY
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