



BUSINESS PARTNER INFORMATION FORM

Company Registered Name:			
Company VAT Number:		Company Registration:	
Physical Address:			
City:			
Postal Address:			
City:		Postal Code:	
Tel:		Fax:	
Contact Person:		Position:	
Email:		Cellphone:	
Web Site:		SB Rep Number:	

Retail / Reseller / Installer (Tick your selections below)

Representatives download and complete the contract agreement from http://www.sabrebiometrics.com/files/Contract-rep.pdf This form is not used for referral agents and representatives.		Select one or more options
Retail outlet I wish to market and sell your products in my store / through my business	<input type="checkbox"/>	
Reseller – Sabre provides support to client (see End User Support commission chart) I wish to buy and resell your products, but do not want to become involved in installations unless I also select to also become an installer. I understand that my cost for all versions of the Sabre Software is R 1000 registration fee plus R 400 per device for the software communication module. Should I purchase my hardware from Sabre Biometrics the communication module will be provided free of charge. I also acknowledge that I have to inform my client clearly that the Freeware Sabre version is only a demo version and once it expires, (after 6-18 months) or should they require technical support, they will need to register the software, with a financial implication, to continue with its use. Sabre software is a licensed product, and not FREE .	<input type="checkbox"/>	
Installer I wish to install your products, and supply ongoing support to Sabre clients. I may not elect to be a reseller unless I selected the reseller option above.	<input type="checkbox"/>	
Reseller Support option / International reseller (see Reseller support commission chart) I wish to create my own brand with your products. I fully understand that I am then responsible to pay Sabre Biometrics for all registration fees, technical support of whatever nature, including installations as I will then have to charge my clients for all such services rendered. In all such cases, Sabre Biometrics will not be required to recover any monies outstanding from my clients. In cases where my clients have paid me but I have failed to pay Sabre, Sabre reserves the right to cancel my agreement with Sabre and recover such costs from me to be able to restore the status of the client's account, without prejudice to such client.	<input type="checkbox"/>	

A full explanation of all hardware and software profits and agents' commissions is contained on the www.sabrebiometrics.com website under the link "Partners Wtd".

PAYMENT TERMS and COMMISSION DUE TO BUSINESS PARTNERS

<ul style="list-style-type: none"> Cash or EFT Credit card / Debit card facilities are available with a 10% levy Monthly support services are paid by debit order as well as any outstanding money due and payable to 247 Technologies 				
Please use same account below for commission payment to me		1 st <input type="checkbox"/>	14 th <input type="checkbox"/>	Preferred debit order date
Bank	Account Number	Branch & Code		

I authorize 247 Technologies (trading as Sabre Biometrics) to deduct any outstanding monies due in terms of this agreement directly from my banking account reflected above.

I the undersigned confirm the accuracy of my information and warrant that I am duly authorized to sign this document . I acknowledge that I have read, understood, and agreed with the terms and conditions posted on the 247 Technologies web site ([HTTP://www.SabreBiometrics/terms](http://www.SabreBiometrics/terms)). I authorize 247 Technologies to debit my bank account with any amounts which become due and payable to 247 Technologies in terms of this agreement. I accept that penalties will be applicable in the event of any unpaid Debit Order requests. I consent to 247 Technologies performing a credit check on me or my company if required.

SIGNATURE	CAPACITY
NAME	DATE

Please Note: Copies of Identity Documents of Signatories and Company Registration Documents must accompany this form