



AVG Educational Discount Application Form

In order for an application to be considered, this form must be completed in its entirety.

Please print using CAPITAL LETTERS

YOUR DETAILS:

Organisation Name: _____ Phone: _____

Contact Name: _____ Fax: _____

School ID: _____ Email: _____

Address: _____ Reseller Name (if applicable): _____

Discount level requested: _____

50% - Educational

30% - Charitable Non-Profit

20% - Church

10% - Government

AVG ANTI-VIRUS SOLUTION REQUIRED:NUMBER OF LICENSES REQUESTED:

AVG Network Edition workstations _____

AVG Email Server Edition mailboxes _____

KINDLY SPEND A FEW MOMENTS ANSWERING THESE QUESTIONS:

1. Where did you hear of AVG? _____

2. Why have you selected AVG? _____

3. Are you replacing an existing antivirus product? Yes / No
If yes, which one? _____

4. May we use you and/or your school as a reference? If you agree to be a possible future reference, then we will contact you prior to using your name. Of course, no specific configuration or internal company data will be divulged by us to any third parties. Yes / No

Terms and conditions.

The license(s) are not transferable, and are only for the use of the organisation named on this form. Installation and any additional services are extra.

Please sign to accept the terms and conditions above
This form must be signed by the named organisation on this form and not the reseller.

Print Name _____ Signed _____ Position _____ Date _____

Please fill out all sections and fax to number below:

Distributor Contacts :

Walling Data Systems, Inc.

3029 Centennial Blvd PO Box 1180
Claremont, NC 28610

(828)-459-7341 Fax (866)-833-5727 Toll Free Sales/Support

Your application will be processed within 2 business days provided all fields are filled out and all documentation requested has been supplied.