

Authorization Application for JABRA ONE PARTNER PROGRAM

*required fields



*First Name: _____ *Last Name: _____

*Email: _____ *Direct Phone Number: _____

*Company Name: _____

*Address: _____

*City: _____ *State: _____ *Zip code: _____

*Primary Website: _____

*Are you currently buying and selling Jabra? yes no

If yes, what distributor are you buying it from? _____

*Which Markets do you serve? Consumer Business

*Do you give Jabra permission to display your company in the Partner Locator? yes no

*Do you want to sell Jabra online? yes no

If yes, please answer below:

List and provide links to all web shops on which you intend to sell Jabra products:

Annual online wholesale revenue on headsets/

speakerphones/Bluetooth speakers/headphones:

<25k

25-49k

50-99k

100-249k

250-499k

500k-1m

1-5m

500m-1m

10m+

Annual number of unique site visitors:

<25k

25-49k

50-99k

100-249k

250-499k

500k-1m

1-5m

500m-1m

10m+

By signing this document, you are verifying that you have filled out the correct information above.

Customer
Signature: _____

EW Sales Rep
Signature: _____

Date: _____

Date: _____