

4D Partner Program Membership Form

To be returned by post or email to: 4D Inc, 95 S. Market Street, Suite 240, San Jose, CA 95113 Tel.: (408) 557-4600 • Fax: (408)271-5080 • E-mail: sales@4D.com Effective Date: 1 January 2019 Expiration date of initial membership: 31 December 2019					
Comp	pany:	Website:			
Business classification (Incorporated, private, etc.):					
Busin	ess registration ID:	Tax ID:			
Last n	name and first name of Partner's legal representative:				
E-mai	l:	Tel.:			
Addre	ess / City :	Postal code:			
	95 S. Market Street, Suite 240, San Jose, CA 95113 18) 557-4600 • Fax: (408)271-5080 • E-mail: sales@4D.com 19				
	Choose your ideal 4D Partner membership level	Price	Quantity	Amount	
	4D Partner Bronze 1 developer	\$399	x1		
	AD Partner Silver 1 developer L 2 technical support contacts	¢000	v1		
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			AQualitity		
	1 additional test server license for a second plateform	\$399	x1		
	4D Mobile Expansion	\$399	x1		
	(1) Select your development mode: Standalone □		Network [
	4D Partner Gold (1) 3 developers + 3 technical support contacts	\$2,999	x1		
	4D Partner Platinum (1) 3 developers + 3 technical support contacts	\$25,000	x1		
	4D Partner Elite (1) 3 developers + 3 technical support contacts	\$35,000	x1		
	Gold/ Platinum / Elite Expansion 1 developer + 1 additional technical support contact (*)	\$399	xQuantity		
	Additional test server 1 additional test server license for a second platform	\$399	x1		
	4D Mobile Expansion	\$399	x1		
	See the details of each ontion in the "4D Partner Program Description" document		Subtotal		

Sales taxes
TOTAL

(*) Expansions cannot be sold separately from the 4D Partner Program.

Definition of users

Primary Contact: has a development license and access to technical support.

Receives test licenses for 4D Partner Silver program.

User: access to technical support.

Holds a development license for 4D Partner Gold program.

Designation of users			
Primary Contact #1 (Bronze, Silver*, Gold, Platinum & Elite)	User #1 (Silver* & Gold, Platinum & Elite)	User #2 (Gold, Platinum & Elite)	
Last Name:	Last Name:	Last Name:	
First Name:	First Name:	First Name:	
Title:	Title:	Title:	
Direct Phone:	Direct Phone:	Direct Phone:	
E-mail:	E-mail:	E-mail:	
	r, Gold, Platinum & Elite Expansion **		
Additional User #1***	Additional User #2	Additional User #3	
Last Name:	Last Name:	Last Name:	
First Name:	First Name:	First Name:	
Title:	Title:	Title:	
Direct Phone:	Direct Phone:	Direct Phone:	
E-mail:	E-mail:	E-mail:	
** For more than three expansions, please atto	ach an additional sheet to this document with the u	isers' information.	
Payment method:	Total to be paid:	USD (including tax)	
☐ Bank Transfer			
Check (Payable to 4D)			
By credit card (Visa – MasterCa *Please contact your sales manager			
	ou have reviewed and agree to all the teres Partner Program and for Technical Supp	rms of the 4D Partner Program, including th ort.	





Signature and Date