



Please submit completed form to
salesoperations@atto.com

Pre-Approval Request Deal Registration

Please fill all the fields completely and correctly with your information details below.

RESELLER INFORMATION:

COMPANY NAME:

CONTACT NAME:

E-MAIL: PHONE:

PHONE:

ADDRESS:

CITY: STATE/PROVINCE:

ZIP CODE: COUNTRY:

Preferred Distributor:

Distribution Sales Rep:

Distribution Acct #:

END USER INFORMATION:

COMPANY NAME:

CONTACT NAME:

Decision Maker Name: Decision Maker Title:

E-Mail: Phone:

ADDRESS:

CITY:

STATE/PROVINCE:

ZIP CODE:

COUNTRY:

DESCRIPTION OF ENVIRONMENT:

Estimated Close Date (Must be within 90 days of request)

Estimated Value of Complete Configuration(Minimum
\$20,000 MSRP of ATTO Products)

Products to be part of Registered Deal:

PRODUCT SKU:

QUANTITY:

PRODUCT SKU:

QUANTITY:

PRODUCT SKU:

QUANTITY:

PRODUCT SKU:

QUANTITY:

Additional

Products: (if needed):

**Description of
Solution being
proposed:**

**Description of
competitive
environment in
the account:**

Alternate solutions being considered by the customer:

Are there any special resources needed to close the deal?

Additional Notes:

Did you coordinate a meeting between your customer and your sales representative?
If no, a meeting will be scheduled with a sales representative.

Yes

No

I agree that I have read and understand all of the Terms and Conditions.