

## NCR Retail Channel Partner: MDF Pre Approval Form

(Form may be reproduced for submission purposes)

### PARTNER INFORMATION

Company Name \_\_\_\_\_

Date Submitted \_\_\_\_\_ Contact Name \_\_\_\_\_

Job Title \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ P/Code \_\_\_\_\_

### MARKETING ACTIVITY INFORMATION

Please indicate the marketing activity for which you are requesting MDF:

Advertising     Seminar/Event/Tradeshow    Date of event (MM/DD/YYYY) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Product Collateral     Training     Direct Mail     Newsletter (print or electronic)

Other (please specify) \_\_\_\_\_

### SUMMARY OF MARKETING ACTIVITY

(Please include NCR products being displayed, target audience, anticipated results, number of vendors at the event or activity and total anticipated spend.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MDF Pre-Approval Amount \$ \_\_\_\_\_

Email supporting documentation to:  
channel.partner@ncr.com

OR mail supporting documentation to:  
**NCR Channel Operations**  
NCR Corporation  
3097 Satellite Blvd., Building 700  
Duluth GA 30096

<p><b>For NCR Channel Marketing Use Only:</b></p> <p>Date Received __ __ / __ __ / __ __ __ __</p> <p>Pre-Approval #: _____ Final Approval <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date Approved __ __ / __ __ / __ __ __ __</p> <p>Approved By _____</p> <p>Total Approved Amount to be Reimbursed \$ _____</p> <p>Activity confirmed with NCR CAM <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CAM Name _____</p>
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