

# Fast-Track Dispatch (FTD) Enrolment Application



**The following application requires completion for your application to Fast Track Dispatch to be processed.** Completion of this application form does not imply that your company has been accepted into the Dell Fast-Track Dispatch Program. To access the FTD Service it is expected that you will accept the FTD Terms and Conditions. **Contact a Program Specialist if you require assistance completing this application via Email: EMEA\_BHS\_UKI@Dell.com.**

## **Section I – Customer Information System Owner requesting service & support**

### **A. Dell Customer Contact Information:**

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

Departments &/or subsidiaries to be included: \_\_\_\_\_

**Dell Customer #(s)** \_\_\_\_\_

If you do not know your customer number provide a service tag # (5-7 digits): \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Country \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **B. Dell Sales Account Team**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Do you buy your systems direct from Dell? Yes/YES** \_\_\_\_\_ (Must complete all of the below that apply)

**Leasing Company** (*sign on p. 6*) \_\_\_\_\_

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

**Reseller Company** \_\_\_\_\_

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

**If necessary, attach additional sheet for multiple sales/leasing/reseller contacts.**

**C. How many Dell systems do you anticipate to be serviced through FTD?** \_\_\_\_\_

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## Section II – Third Party Maintainer / Reseller Information (if applicable)

Service Provider- Company/Organisation providing service and support on your Dell systems.

### A. TPM Company Single Point of Contact Information:

Company Name: \_\_\_\_\_ Dell Customer # \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Country \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Section II – FTD Certified Technicians & Authorised Requestors

Please provide the details of the candidates you wish to enroll on the FTD Online Certification Program

(Open web browser test with online study guide).

Surname	First Name	E-mail Address	Phone Number	Location / Site Address	Language Requirement: (list will be dependent on schedule)

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**Please return completed application form using one of the following options:**

**EMAIL: [EMEA\\_BHS\\_UKI@Dell.com](mailto:EMEA_BHS_UKI@Dell.com)**

**FAX: + 44 (00 141 551 8253 Attention: Fast Track Dispatch Administrator**

**POST: Fast-Track Dispatch, Dell Corporation Ltd. Citypark, 368 Alexandra Parade, Glasgow, G31 3AU**