

# Self Service Account Program

## Overview

Apple will use the following criteria to determine whether your organisation qualifies for authorisation as a Self Service Account (SSA) program participant. Providing this information will allow Apple to give maximum consideration to your request. Read the descriptions below to determine if your organisation is eligible to participate in this program.

**Business/Enterprise:** Eligible organisations include small to large companies and their wholly owned subsidiaries, corporations and partnerships.

**Education Institution:** Eligible organisations are not-for-profit, degree-granting institutions organised for educational purposes. Eligible organisations include any school districts within the organisation's school system, Boards of Education, universities and colleges, and community, vocational, and technical colleges.

**Government Agency:** An executive Government Agency, Government Department or Ministry.

Acceptance of and retention as a Self Service Account is at Apple's sole discretion. Apple reserves the right to make any determination on eligibility and whether an organisation is accepted as a Self Service Account program participant.

## Application Requirements

The Authorised Representative submitting an Application for a Self Service Account must be able to affirm, have, or provide the applicant:

1. Name and email address of the organisation's Apple Account Executive.
2. Headquarters location information, including legal name, address, entity type (public or private), and Tax Certificate (if applicable)
3. Billing location information, including address, Accounts Payable contact name and contact information (phone and email)
4. Shipping location information, including address, Service Manager contact name and contact information (phone and email)
5. Approximate number of Apple devices purchased by the organisation within the past 5 years. Serial Numbers for these devices must also be provided.
6. Description of the resources and infrastructure that the organisation has in place to deploy this program.
7. Additionally, an Apple Business Credit Application may be required if the organisation is a private institution, or does not already have established terms with Apple.

## Caution to Signatory

As the person submitting this application, you represent and warrant that you have the authority to provide the information required and to submit this application.

# Self Service Account Program

## Application Form

Completion Steps:

- 1) Download and save this Application Form to your computer
- 2) Complete the information below
- 3) Save
- 4) Email the Application Form to [iOS\\_DSP\\_EMEIA@group.apple.com](mailto:iOS_DSP_EMEIA@group.apple.com) and put “Self Service Account”

Program Application - <your country>” in the subject.

Your local country AppleCare team will contact you to discuss your Application. If you have any questions please email [iOS\\_DSP\\_EMEIA@group.apple.com](mailto:iOS_DSP_EMEIA@group.apple.com).

### **AUTHORISED REPRESENTATIVE : CONTACT INFORMATION**

Who is applying?

**First Name :** \_\_\_\_\_

**Last Name :** \_\_\_\_\_

**Title :** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email :** \_\_\_\_\_

Who is your Apple contact or account executive?

**Name :** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email :** \_\_\_\_\_

# Self Service Account Program

## **BUSINESS INFORMATION (HQ location)**

This relates to the legal status of the company wishing to become an Authorised iOS Service Provider. The Legal name and address will appear on your legal Agreement with Apple.

**Legal Name :** \_\_\_\_\_

**Doing Business As Name :** \_\_\_\_\_

**VAT registration Company registration :** \_\_\_\_\_

**Registered address :** \_\_\_\_\_

**City :** \_\_\_\_\_

**State/Province/ Region :** \_\_\_\_\_

**Country Postal Code Telephone :** \_\_\_\_\_

**Fax :** \_\_\_\_\_

**Company URL :** \_\_\_\_\_

**Entity Type (check appropriate answer) :**

**Organisation Type :** \_\_\_\_\_

**Exempt from Sales Tax** \_\_\_\_\_

Approximately how many Apple Devices has the organisation purchased in the last 5 Years, that remain in the organisation's Install Base :

**iPhone:** \_\_\_\_\_

**iPad:** \_\_\_\_\_

**Mac :** \_\_\_\_\_

Please describe the resources and infrastructure that your organisation has in place to handle screening and service of these Apple Devices.

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# iOS Direct Service Program

## Entity Type :

**Business/ Enterprise**      \_\_\_\_\_ (Y/N)

**Education Institution**      \_\_\_\_\_ (Y/N)

**Government Agency**      \_\_\_\_\_ (Y/N)

## Organisation Type :

**Private**      \_\_\_\_\_ (Y/N)

**Public**      \_\_\_\_\_ (Y/N)

**N/A**      \_\_\_\_\_ (Y/N)

## Exempt from Sales Tax: (Circle Appropriate Answer)

**YES**

**NO**

**N/A-There is no sales tax**

## PRINCIPAL (Business Owner/Legal Authorised Signatory)

**First Name :** \_\_\_\_\_

**Last Name :** \_\_\_\_\_

**Title :** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email :** \_\_\_\_\_

## MAIN CONTACT (if different from PRINCIPAL)

**First Name :** \_\_\_\_\_

**Last Name :** \_\_\_\_\_

**Title :** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email :** \_\_\_\_\_

# iOS Direct Service Program

## **BILLING LOCATION INFORMATION (skip if identical to HQ)**

Invoices and Purchase order information will be sent to and handled by this location.

**Legal Name :** \_\_\_\_\_

**Doing Business As Name :** \_\_\_\_\_

**Registered address :** \_\_\_\_\_

**City :** \_\_\_\_\_

**State/Province/ Region Country :** \_\_\_\_\_

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

**Telephone :** \_\_\_\_\_

**Fax :** \_\_\_\_\_

## **ACCOUNTS PAYABLE CONTACT DETAILS**

**First Name :** \_\_\_\_\_

**Last Name :** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email :** \_\_\_\_\_

# iOS Direct Service Program

## **SHIPPING LOCATION INFORMATION (skip if identical to HQ)**

The location to which Apple will ship orders and from which returns must be sent.

**Doing Business As Name :** \_\_\_\_\_

**Registered Address :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City :** \_\_\_\_\_

**State/Province/ Region Country :** \_\_\_\_\_

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

**Telephone :** \_\_\_\_\_

**Fax :** \_\_\_\_\_

## **SERVICE MANAGER CONTACT INFORMATION**

**First Name :** \_\_\_\_\_

**Last Name :** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email :** \_\_\_\_\_

## **Declaration**

By signing below, I confirm that I am authorised to pursue an application for Self Service Account status for and on behalf of the organisation detailed in this Application Form.

**Signature :** \_\_\_\_\_

**Signing Officer Name Title :** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Date :** \_\_\_\_\_