

Partner & Reseller Application Form

Your Name: _____ Business Name: _____

Company Type: Ltd. ___ Inc. ___ Partnership: ___ Proprietorship: ___

Web Address: _____ .com Blog(s): _____

Years in Business: _____ Email: _____

Address: _____ City: _____

State/Province/Parish: _____ Country: _____

Association Memberships: _____

Business Numbers (VAT/GST/BRN): _____

Tell Us About Your Business & Your Business Style:

Gross Revenues: 2005 _____ 2006 _____ 2007 Estimated: _____

of Sales People: _____ # of Technical People: _____ Total Company: _____

Note: Please include with your application current sales and marketing literature and any company PowerPoint presentations or video presentations you may have on a CD. All print documents should be in .pdf format.

Your application will be reviewed within 2 weeks of receipt and we will contact you for additional information and an initial discussion. Please feel free to add any additional information that you feel would help us to know you better.

immediaC Use Only:

Date Received: _____ Reviewing Manager: _____

Action: _____ Senior Management: _____

Program: _____ Design Review: _____

Marketing Review: _____ Sales Review: _____

Follow-Up Action: _____ Approved: _____