

## Partner Profile

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

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

**Headquarter Location:** \_\_\_\_\_

**Mailing Address:**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Country: \_\_\_\_\_ URL: \_\_\_\_\_

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

**Primary  
Contact:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

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

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

**Sales  
Contact:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

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

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

No. Sales Reps: \_\_\_\_\_

**Billing  
Contact:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Country: \_\_\_\_\_

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

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

## Partner Profile

### Marketing Contract

	First:	Last:
Name:	<hr/>	
Address 1:	<hr/>	
Address 2:	<hr/>	
City:	State:	<hr/>
Postal Code:	Province:	<hr/>
Country:	<hr/>	
Phone:	Fax:	<hr/>
Email:	<hr/>	
	<hr/>	

### Credit Information:

Sellers Permit No.	<hr/>			*Where applicable
Business Lic. No.	<hr/>			*Where applicable
Bank name:	Contact Name:	Phone Number:	Account #:	
Bank Reference:	<hr/>	<hr/>	<hr/>	<hr/>
Company name:	Contact Name:	Phone Number:	Years with them:	
Trade Reference:	<hr/>	<hr/>	<hr/>	<hr/>
Trade Reference:	<hr/>	<hr/>	<hr/>	<hr/>

### Customer Information:

Years as a Software Reseller:	<hr/>		
Products represented in portfolio:	Product(s)	Software	Hardware
	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided to customers:	<hr/>		
	<hr/>		
	<hr/>		

## Partner Profile

Sales volume per month (US\$): \_\_\_\_\_

Industries Covered:

AEC	<input type="checkbox"/>	Computer	<input type="checkbox"/>
Aerospace	<input type="checkbox"/>	Academic/Education	<input type="checkbox"/>
Automotive	<input type="checkbox"/>	Electronics	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Government	<input type="checkbox"/>
Legal	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Market Coverage:

Countries:

States:

Cities:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____