

RESELLER PARTNER PROFILE

DOCUMENT MUST BE FULLY COMPLETED BEFORE AN ACCOUNT CAN BE OPENED OR PRICING QUOTED

Have you held a contract with APCON before? If yes, under what name? _____

DESCRIPTION OF BUSINESS Please type or print

Date business established: _____ Length of time at this address: Years: _____ Months: _____

COMPANY TYPE (check one):

☐ Corporation ☐ State/country of Incorporation: _____
☐ Sole Proprietorship ☐ Partnership ☐ LLC

Is there a parent corporation or subsidiary? ☐ Parent ☐ Subsidiary - Name _____

Legal Business Name- as it appears on business license **(Required)**

Officer's/Owner's Name; Title (Required)

Business Trade Name – DBA (Required)

Email Address; Phone (Required)

Business Street Address-Bill to (Required)

Primary Contact's Name; Title (Required)

City, County, State, Country and Zip Code (Required)

Email Address; Phone (Required)

Business Phone (Required)

Authorized Purchaser(s); Title(s) (Required)

Business Fax (Required)

Email Address(s); Phone(s) (Required)

Business Web Site Address (Required)

KEY COMPANY INFORMATION

To help us understand the special needs of your company, complete the following:

1.) Company business type - check one:

☐ Value Added Reseller (VAR) ☐ Original Equipment Manufacturer (OEM) ☐ Distributor ☐ Manufacturer's Representative ☐ System Integrator

2.) Market focus - check all that apply:

☐ Financial ☐ Insurance ☐ Telco/Service Provider ☐ Utilities ☐ Government
☐ Travel ☐ Aviation/Aerospace ☐ Shipping/Transportation/Logistics
☐ Entertainment ☐ Retail ☐ Healthcare/Pharmaceutical ☐ Other: _____

3.) Product focus – ex.: security, network monitoring, application optimization, etc.

4.) Percent of sales from business types - total should equal 100%:

Enterprise - Fortune 1000: _____ % Small - Medium Size Business _____ % Government _____ % Other _____ %

5.) Number of employees – check one:

☐ 1–10 ☐ 11–20 ☐ 21–50 ☐ 51–100 ☐ 101+

a.) Number of Sales Representatives: _____ b.) Number of Sales Engineering Resources: _____

6.) Total gross sales volume last year - check one:

☐ Less than \$500,000 ☐ \$1,000,000–\$4,999,999 ☐ \$10,000,000–\$24,999,999 ☐ \$500,000–\$999,999
☐ \$5,000,000–\$9,999,999 ☐ \$25,000,000 or more ☐ Unavailable

7.) Geography covered – check all that apply: **CIRCLE OR HIGHLIGHT SPECIFIC STATES COVERED**

☐ Northwest: AK, ID, MT, OR, WA ☐ N. California ☐ S. California, HI, NV ☐ Midwest: AZ, CO, NM, UT
☐ North Central: IA, MN, ND, NE, SD, WI ☐ Mid Central: AR, KS, OK, MO ☐ N. TX ☐ South Central LA, TX
☐ Great Lakes: IL, IN, OH, MI ☐ Northeast: CT, MA, ME, NH, NJ, NY, RI, VT ☐ Mid-Atlantic: DE, KY, MD, VA, WV
☐ South: AL, GA, MS, TN ☐ Southeast: FL, NC, SC ☐ West Canada ☐ East Canada
☐ Asia Pacific/Southeast Asia – list countries: _____
☐ Latin/South America – list countries: _____
☐ Europe – list countries: _____
☐ Middle-East, Africa – list countries: _____
☐ Other – list countries: _____

8.) Primary vendors represented: _____

9.) Competitive products represented – ex.: Anue, Gigamon, Ixia, NetScout, etc.: _____

10.) Synergistic products represented – ex.: Riverbed: _____

11.) Please provide 10 or more prospects:

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.

12.) Customer support offered - 8 hrs/5 days week; 24/7, phone, email, on-site, etc.: _____

13.) Trade Shows attended last year: _____

14.) Types of marketing programs used to generate demand last year - *ex.: trade shows, local customer events, direct mail /electronic direct mail, inside sales telemarketing, etc.:* _____

15.) Other information - *ex.: what else we should know about your company:* _____

Email to Sales@APCON.com or fax to **APCON Channel Sales: 503-682-4050**

****To be completed ONLY if First Line Support is offered****
SUPPORT PROVISION ASSESSMENT

Type of Support Provided

- ☐ On-Site ☐ Network Operations Center ☐ Help Desk ☐ Remote
☐ STANDARD (24 hrs response, 8/5) ☐ PREMIUM (4 hrs response, 24/7)

If selecting On Site and PREMIUM response levels:

Who are technical contacts that will provide first level support to customers?

Primary Service Contact	Name:	Phone:	Email:
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Names of partner personnel to perform customer support:

Name	Title	eMail

For each, what are technical training or product certifications to conduct first level troubleshooting?

Name	Technical Training	Product Certifications

What products have been serviced previously (company and product models)?

Company Name	Product Models	How Many Years Support Provided

Please provide a description of the Support you make available to your customers:

Email to Sales@APCON.com or fax to **APCON Channel Sales: 503-682-4050**