

## software Hosting Provider Program Application



## Registration

		ivegis	Stration		
Company Name					
Address					
Contact					
Telephone					
WEB Page URL					
Sage Software Partner ID (if applicable)					
		Business	Information		
		Please comp	olete all fields		
ACT! Certified Consultant			Microsoft SPLA Member		
ACT! Premium for Web Certified					
MCSE			MCSE Contact Information		
MCSE Transcript Code			MCSE Access Code		
If you are not a curre Support contract?	ent AC	Γ! Certified Consultant, do y	ou agree to purchase a Technic	cal	
Do you agree to pro	vide 1 <sup>st</sup>	level support to hosted end	d users?		
Will you provide a S provide a copy with			ted end user? (If yes, please		
Business Focus/Des	scriptio	n			
Data Center Specifications					
Name of Data Cente	er		Do you own or lease facility (data center) space?		
Data Center Level			Data Center Contact Details		
Do you perform nightly backups?					
Do your servers meet ACT! recommended hardware requirements?					
Specifically, what had data throughput do			ting? How much bandwidth and	I -	
Will you be able to expand the hardware should the demand require more?					





References (6 months minimum)				
Company / Contact Name				
Address	Telephone			
Company / Contact Name				
Address	Telephone			
Company / Contact Name				
Address	Telephone			
Company / Contact Name				
Address	Telephone			
Company / Contact Name				
Address	Telephone			
By signing, you attest that all the information may follow-up directly for verification at our	n provided is accurate as of application date and agree that Sa discretion.			

Authorized Signature:

Date:

Please fax the completed application form and supporting documentation to: 770-724-2725