



## Business Profile and VAR Application Form

Once we have received this completed form, we will use this information to determine which of our VAR agreements is suitable for you and your firm. Any information collected on this form will not be disclosed to any third party, and will only be published (for instance, your contact info on our website) with your explicit consent.

<b>SECTION 1</b>	<b>Company and Contact Information</b>
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### Company Information

Company		
Mailing Address		
Street	City	State or Province
Country		
Company Phone	Company Fax	
President/CEO	Sales Executive	Finance Executive
CIO/ Engineering Exec	Parent Company (If applicable)	

### Principle Sales Contact

Primary Contact Name	
Title	Job Function
Direct Phone	Fax
Email Address	Alternate Sales Contact Name

### Principle Technical Contact

Primary Contact Name	
Title	Job Function
Direct Phone	Fax
Email Address	Alternate Contact Name

**Section 2****Business and Market Information****Business Profile:**

Year Business Founded: \_\_\_\_\_ # of Marketing people: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

# of outside salespeople: \_\_\_\_\_ Total Annual Revenues: \_\_\_\_\_

# of inside salespeople: \_\_\_\_\_

**Business Structure: Which best describes your structure?** Public Corporation       Private Corporation       Sole Proprietorship       Other (Specify)Exchange: \_\_\_\_\_  Education       Subsidiary

Symbol: \_\_\_\_\_

**Primary Geographic Markets: Where do you have permanent physical presence?** North America       South America       Central America       Europe Africa       Asia       Australia**Country and Cities:** \_\_\_\_\_**Secondary Geographic Markets: Where does your firm do business (list all countries and cities that apply)?****Business Description: Brief description of your firms' primary business****Market Focus****Please indicate your target vertical markets (Check all that apply)** Health Care       ISP/WISP       MxU / MDx       Wholesale / Distribution Government: Federal       Education       Banking / Finance       Accounting Government: Other       Service Provider       Manufacturing       Enterprise Other (Please Specify) \_\_\_\_\_**Section 3****Applicants Authorized Signature**

By submitting this application, I acknowledge the information provided to be accurate and I understand that misrepresentation(s) made in the application may be reason for termination of any agreement based on the information contained herein.

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

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

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

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