



## Partner Application

The information requested on this application is confidential and collected exclusively by Informa Software for the purpose of supporting a vendor / partner relationship. No information contained herein will be shared with any outside party without the written permission of the partner.

(Please Print)

Company Name:		Company URL:	
<b>COMPANY INFORMATION</b>			
Legal Name (dba):		Business Type (circle one):	
DUNS Number:		Corporation / Partnership / Proprietorship	
Street Address:	City:	State:	ZIP:
P.O. Box:	City:	State:	ZIP:
Management Contact:	Title:	Phone: (    )	
	Email:	Fax: (    )	
Senior Sales Contact:	Title:	Phone: (    )	
	Email:	Fax: (    )	
Accounting Contact:	Title:	Phone: (    )	
	Email:	Fax: (    )	
Years in Business:	# of Locations:	# of Employees:	Est. Annual Revenue:
<b>SALES INFORMATION</b>			
# of Sales Employees:	# of Sales Support Employees:	# of Tech Support Employees:	
<b>Customer Size Breakdown</b>			
Enterprise (>1,000 EE) _____%    Medium (250-1,000 EE) _____%    Small (50-250 EE) _____%    Micro (<50 EE) _____%			
<b>Customer Demographic (Rank from 1- 10)</b>			
Retail _____    Legal _____    Financial _____    Real Estate _____    Medical _____    State & Local Govt. _____			
Fed. Govt. _____    Transportation _____    K-12 Education _____    Higher Education _____    Manufacturing _____			
Accounting _____    SOHO _____    Technical _____    Religious _____    Architecture & Engineering _____			

<b>Briefly describe your primary business focus:</b>
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<b>Revenue Breakdown</b>
Hardware _____%    Software _____%    Services _____%    Maintenance Renewals _____%

<b>List your top 4 Vendors (by sales revenue)</b>
1. _____ 2. _____ 3. _____ 4. _____

<b>DISTRIBUTOR INFORMATION</b>	
Is SYNEX your primary distributor: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who is: _____
Check all that apply: <input type="checkbox"/> Ingram <input type="checkbox"/> Tech Data <input type="checkbox"/> D & H <input type="checkbox"/> Bell Micro <input type="checkbox"/> Arrow <input type="checkbox"/> Avnet <input type="checkbox"/> ScanSource <input type="checkbox"/> New Wave <input type="checkbox"/> Westcon	

Do you sell HP MFPs: <input type="checkbox"/> Yes <input type="checkbox"/> No	HP Rep Name: _____	Phone: (    ) _____
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<b>PARTNER SIGNATURE</b>		
Partner Signature: _____	Title: _____	Date: _____

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