

Partner Program - Application

Part A: Company Information - Overview

Company Name		Dept./Division	Date
Street Address		Suite/Mail Stop	
City	State/Province	Zip/Postal Code	Country
URL		Toll Free Telephone #	

In what year was your company first established? _____

Which category best describes your company ownership?

Proprietorship _____
 Partnership _____
 Corporation _____
 Subsidiary _____
 Other _____

What size companies does your organization primarily target?

Small business _____
 Fortune 2000 _____
 Fortune 500 _____
 Federal Government _____
 Other _____

Number of full-time employees in your company?

Sales/Marketing _____
 Developers _____
 Support _____
 Training _____
 Total _____

What are your company's annual revenues?

	Total	Product Sales
2006	_____	_____
2007	_____	_____
2008 (est.)	_____	_____

What percentage of your company's business is sold through the following sales channels?

Direct _____
 VAR's _____
 Distributors _____
 OEM Partners _____
 International Distributors _____
 Total 100%

What percentage of your company's business is derived from the following areas?

Hardware sales _____
 Software sales _____
 Consulting _____
 Technical Support _____
 Education/Training _____
 Systems Integration _____
 Resale of 3rd-party products _____
 Total 100%

What percentage of your company's business is associated with the following platforms?

Windows _____
 Solaris _____
 HP ux _____
 Linux _____
 Unix _____
 Other Unix _____ Please indicate: _____
 Other _____ Please indicate: _____
 Total 100%

What percentage of your company's business is done in each geographical region?

North America _____
 South America _____
 EMEA _____
 Asia Pacific _____
 Japan _____

How many international subsidiaries and distributors does your company have? _____

Part B: Company Information - Contacts

Relationship	Name			
	Title		Department	
	Street Address			Suite/Mail Stop
	City	State/Province	Zip/Postal Code	Country
	Telephone	Fax	E-mail	

Marketing	Name			
	Title		Department	
	Street Address			Suite/Mail Stop
	City	State/Province	Zip/Postal Code	Country
	Telephone	Fax	E-mail	

Sales	Name			
	Title		Department	
	Street Address			Suite/Mail Stop
	City	State/Province	Zip/Postal Code	Country
	Telephone	Fax	E-mail	

R&D	Name			
	Title		Department	
	Street Address			Suite/Mail Stop
	City	State/Province	Zip/Postal Code	Country
	Telephone	Fax	E-mail	

Tech Support	Name			
	Title		Department	
	Street Address			Suite/Mail Stop
	City	State/Province	Zip/Postal Code	Country
	Telephone	Fax	E-mail	

Part C: Company Information – Descriptions

Provide a brief paragraph overview about your company (100-word limit):

Provide a brief overview of your Target Market and Customer Base (100-word limit):

Which other partner programs does your company participate in?

- A.
- B.
- C.
- D.

Public Contact Information – to be placed on Asce Networks' web site

Name			
Title		Department	
Street Address			Suite/Mail Stop
City	State/Province	Zip/Postal Code	Country
Telephone	Fax	E-mail	

In order to process your application, you must also submit a signed Partner Program agreement.

Signature **Date**

Name (please print)

Title (please print)