



AUTHORIZED DIGITAL PARTNER APPLICATION FORM

Please fill-in all relevant details as requested below. All serious applications will be considered for the program, however there is no guarantee of acceptance. Upon acceptance into program, a formal agreement will be executed.

A. COMPANY DETAILS

Full Company Name: _____

Other Company Names or DBA: _____

Company Address: _____

City: _____

State: _____

Country: _____

Telephone: _____

Fax: _____

E-Mail: _____

Web Address: _____

B. BUSINESS DETAILS

Date Business started: _____

Details of branches (if any): _____

Do you have any other businesses (if yes please provide details): _____

Which category best describes your primary business?

Controls Contractor

Mechanical Contractor

Systems Integrator

Electrical Contractor

Engineering Firm

Manufacturer

Consulting Firm

Other _____

What is your primary market?

Large Commercial

Small and Medium Commercial

Large Industrial

Small and Medium Industrial

Education

Healthcare

Government

Residential

Other _____

What is your annual integration/controls revenue?

US\$ 100,000 or less

US\$ 100,000 – US\$ 500,000

US\$ 500,000 – US\$ 1,000,000

US\$ 1,000,000 – US\$ 5,000,000

US\$ 5,000,000 – US\$ 10,000,000

US\$ 10,000,000 – US\$ 50,000,000

Over US\$ 50,000,000



C. CONTACT INFORMATION

In order to ensure a smooth business and delivery process, it is important that you provide detailed information about the individuals we are to contact within your organization.

Contact #1 – (President, General Manager, Owner, Managing Director)

Name:	Title:
Telephone:	Fax:
E-Mail:	Mobile:

Contact #2 – (Finance Manager, Accounts Payable contact)

Name:	Title:
Telephone:	Fax:
E-Mail:	Mobile:

Contact #3 – (Sales Manager)

Name:	Title:
Telephone:	Fax:
E-Mail:	Mobile: