



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?

- | | |
|--|--|
| <input type="checkbox"/> Controls Contractor | <input type="checkbox"/> Mechanical Contractor |
| <input type="checkbox"/> Systems Integrator | <input type="checkbox"/> Electrical Contractor |
| <input type="checkbox"/> Engineering Firm | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Other _____ |

What is your primary market?

- | | |
|---|--|
| <input type="checkbox"/> Large Commercial | <input type="checkbox"/> Small and Medium Commercial |
| <input type="checkbox"/> Large Industrial | <input type="checkbox"/> Small and Medium Industrial |
| <input type="checkbox"/> Education | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Government | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Other _____ | |

What is your annual integration/controls revenue?

- | | |
|---|--|
| <input type="checkbox"/> US\$ 100,000 or less | <input type="checkbox"/> US\$ 100,000 – US\$ 500,000 |
| <input type="checkbox"/> US\$ 500,000 – US\$ 1,000,000 | <input type="checkbox"/> US\$ 1,000,000 – US\$ 5,000,000 |
| <input type="checkbox"/> US\$ 5,000,000 – US\$ 10,000,000 | <input type="checkbox"/> US\$ 10,000,000 – US\$ 50,000,000 |
| <input type="checkbox"/> 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: