



# PARTNERPOINT



## Reseller Application

We are pleased that you have expressed an interest in becoming a FaxBack Reseller. This information will be used to evaluate and establish your company as a Reseller. Please return this completed form, attaching additional sheets as necessary via fax or standard mail, to:

FaxBack, Inc.  
 Attn: Channel Relations  
 7409 SW Tech Center, Suite 100  
 Portland, OR 97223  
 Phone 503-597-5350  
 Fax 503-597-5399

*All information will be held in strict confidence and is used solely for the purpose of evaluation.*

Company Legal Name:		
DBA:	Application Contact:	
Office Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-Mail Address:	URL:	
Shipping Address (if different)		
City:	State:	Zip Code:
Accounting Contact:	Phone Number:	
Purchasing Contact:	Phone Number:	
Marketing Contact:	Phone Number:	

**Company Classification**

**Years in Business** \_\_\_\_\_ **Business Type:**  Corporation  Partnership  Sole Proprietorship

**How would you classify your company? (Check all that apply)**

Reseller  VAR  Systems Integrator  Consultant  Education  OEM  
 Developer  Chain  Franchise  Distributor  Mail Order

Other: \_\_\_\_\_ (explain)

**List any vertical markets that you service:**

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**Prior year annual revenue \$** \_\_\_\_\_ **Projected revenue for this year \$** \_\_\_\_\_

**Percentage revenue**  Hardware  Software  Services

**What geographic area does your organization serve?**

Local (50 mile radius)  National  Regional (300 mile radius/up to 5 states)  International

**Total number of employees** \_\_\_\_\_ **approximate number of employees that would sell and service:**

\_\_\_\_\_ Number of Full-time inside salespeople  Number of outside salespeople  
\_\_\_\_\_ Number of Full-time pre-sales engineers  Number of post-sales engineers

**Please list locations in which you have other offices or affiliates.**

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**Please list software vendors, hardware vendors, consulting firms and/or systems integrators with whom your company has a business relationship. Include any existing certificates (i.e. Microsoft solutions Provider Partner, Cisco certified, Novel Platinum, etc.):**

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**Please list any relevant business relationships and alliances, including anyone you would partner with to solve your customer's end-to-end solution:**

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**Please provide a description of value-added services that your company offers (i.e. reseller of software, network integration, training, installation):**

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Completion and return of this application does not constitute acceptance by FaxBack of the undersigned as a Reseller. FaxBack reserves the right at its sole discretion to deny authorization for any reason. Failure to sign below will cause delay in application processing. All applications, approvals, and contracts must be complete before you may advertise or represent this location as a FaxBack Reseller.

The statements provided in this application are accurate to the best of my knowledge. I have read and understood the preceding requirements and agree to said terms.

By (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

