



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

Company Contact Information

Company Legal Name:			
DBA:		Application Contact:	
Office Mailing Address:		ı	
Clty:		State:	Zip Code:
Phone Number:		Fax Number:	
E-Mail Address:		URL:	
Shipping Address (if different	ent)		
City:		State:	Zip Code:
Accounting Contact:		Phone Number:	
Purchasing Contact:		Phone Number:	
Marketing Contact:		Phone Number:	
Years in Business	Type Corporation	Partnership	Sole Proprietorship
Which distributors do you	u purchase from:		
Ingram Micro	Synnex	NETXUSA	
Jenne	TeleDynamics	United Stationers	
Other			
Who is your primary distr	ibutor?		
What service providers d	o you work with?		
How would you classify y	our company? (check all that apply)		
Reseller	VAR	Systems Integrator	Consultant
Developer	Cloud service provider	IT Support	Other:

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What products and service	es do you currently offer	?				
List any vertical markets t	any vertical markets that you service:					
Prior year annual revenue	\$ Pro	ejected revenue for this year \$				
Percentage revenue perce						
Number of locations?						
What geographic area doo	es your organization serv	re?				
Local (50 mile radius)		National				
Regional (300 mile rad	lius/up to 5 states)	International				
Total number of employee	es Approxim	ate number of employees that would se	Il and service:			
Full-time inside sales p	people Outside	sales people				
Full-time pre-sales enç	gineers Post-sale	es engineers				
Average client size?						
1-25 users	25-50 users	50-100	100+			
Current client base?						
0-50	0-100	100-500	500+			
How do you currently prov	vide sales and technical s	support to your clients?				
Indicate below what types	s of marketing activities y	our company engages in.				
Seminars	Newsletters	Trade Shows	Direct Mail			
Print advertising	Other					



Partner Program Application

			/////
ne statements provided in this appli	ation are accurate to the best	of my knowledge. I understand and agr	ee to the following:
ompletion and return of this applica vision Reseller Program. VTech res		tance by VTech of the undersigned into t	
9	9	nly be indicated by its written notification	•
ill cause delay in application proces	9		•
9	9	nly be indicated by its written notification	•
rill cause delay in application proces	9	nly be indicated by its written notification Date:	•
rill cause delay in application proces	9	Date: Print Title: Chris McConnville	•
ill cause delay in application proces By (Signature): Print Name:	sing. VTech's approval shall o	Date: Print Title:	to you of acceptance.
ill cause delay in application proces By (Signature): Print Name:	sing. VTech's approval shall o	Date: Print Title: Chris McConnville	to you of acceptance
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