



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:		
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:	

Years in Business _____ Type Corporation Partnership Sole Proprietorship

Which distributors do you purchase from:

Ingram Micro Synnex NETXUSA

Jenne TeleDynamics United Stationers

Other _____

Who is your primary distributor? _____

What service providers do you work with?

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

Reseller VAR Systems Integrator Consultant

Developer Cloud service provider IT Support Other: _____



What products and services do you currently offer?

List any vertical markets that you service:

Prior year annual revenue \$ _____ Projected revenue for this year \$ _____

Percentage revenue percentage for _____ Business telephony

Number of locations? _____

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:

_____ Full-time inside sales people _____ Outside sales people

_____ Full-time pre-sales engineers _____ Post-sales 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 provide sales and technical support to your clients?

Indicate below what types of marketing activities your company engages in.

Seminars

Newsletters

Trade Shows

Direct Mail

Print advertising

Other _____



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

Three horizontal lines for text input.

The statements provided in this application are accurate to the best of my knowledge. I understand and agree to the following:

Completion and return of this application does not constitute acceptance by VTech of the undersigned into the Business Phones Division Reseller Program. VTech reserves the right at its sole discretion to deny authorization for any reason. Failure to sign below will cause delay in application processing. VTech's approval shall only be indicated by its written notification to you of acceptance.

By (Signature):	Date:
Print Name:	Print Title:

ICAM Date

Chris McConville Date
Inside Sales Manager

Email completed form to: icams@vtechphones.com

Questions? Call 888-913-2007