

Company				Web Site		
DBA				Owner Principal		
Bill to Address				Address 2		
City			State/Province	ZIP Code	Country	
Phone		Fax			State Tax Reseller ID #	

## Contact Information

*Ship-to Address ( if different from above )*

Address				Address 2		
City			State/Province	ZIP Code	Country	
Phone		Fax			Warehouse Contact	

### Primary Contact

Name			Title		
Email			Other		
Phone		Fax			

## Company Information

What year was your business established?			Total numbers of employees					
Total number of outside salespeople			Total number of technical staff					
Total number of inside salespeople			Total number of marketing staff					
Total number of new customers last year			Primary language of staff					
What is your company's primary business model?	<input type="checkbox"/> Value-Added Reseller <input type="checkbox"/> Consultant <input type="checkbox"/> Mail Order Catalog <input type="checkbox"/> Systems Intergrator <input type="checkbox"/> Reseller <input type="checkbox"/> E-Tailer <input type="checkbox"/> Retailer <input type="checkbox"/> Other							
What services does your company offer?	<input type="checkbox"/> Technical Support <input type="checkbox"/> Web Development & Intergration <input type="checkbox"/> Software Development <input type="checkbox"/> Training							
What geographic territories do you serve?								
What vertical markets do you serve?								
Total 2001 gross sales			Total 2002 gross sales					
What percentage of your sales are:	Hardware	%	Software	%	Service support	%		
What percentage of your sales are:	Windows™	%	Mac OS™	%	Linux™	%	Unix™	%
What percentage of your sales are to these size companies:								
Small ( 1- 499 employees )	%	Medium ( 500- 999 )	%	Large ( 1000+ )	%	Fortune 1000	%	

Makers of **ACDSee** 

## Marketing Information

What types of marketing tools does your company primarily use? Please list in order of frequency ( Most to least )	
What advertising media do you prefer to use?	
Do you want a hyperlink from <a href="http://www.acdsystems.com">www.acdsystems.com</a> to your web site? If yes, you agree to have the the hyperlink go directly to an ACD - dedicated products page with an option to return to ACD's site.	
Do you sell products on your web site? <input type="checkbox"/> YES <input type="checkbox"/> NO	if yes, what percentage of total sales? %
Do you offer training or product seminars on your web site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In your opinion, what is the single most valuable element of a software vendor's program? Pleas explain.	

## Product Information

Which digital-imaging software applications does your company currently sell? Please indicate if the product is purchased direct from the developer (DIR) or through distribution (DIS). For example: ACD (DIR).	
What vendor or authorized and/or certification does your company have?	
From which distribution do your purchase digital-imaging software?	
<input type="checkbox"/> Ingram Micro <input type="checkbox"/> Tech Data <input type="checkbox"/> Merisel <input type="checkbox"/> D&H <input type="checkbox"/> Other	
Of those, which one is your primary source?	
What percentage of your over all sales is derived from sales and support of digital-imaging software?	%
What percentage of your sales is derived from sales and support of digital-imaging hardware solutions?	%
What is your projected of your revenue for ACD Systems' products for the next 12 months?	\$
How did you hear about ACD Systems?	

## Application Approval Process

ACD Systems agrees to hold all information provided on this application as highly confidential. By completing and signing this application, you are requesting ACD to start the approval process for the ACD VAR Partner Program and agree you have provided accurate information above with the authority to do so. ACD Systems will thoroughly review this application, along with a separate credit application, and contact you within ten business days. Upon approval you will be required to sign a VAR Partner Program contract agreeing to all terms and conditions set forth by ACD Systems.

Name:	Signature:
Title:	Date:

Please forward this application to: **Account Manager** | Fax: 250 - 544 - 0291 | Email: [channelsales@acdsystems.com](mailto:channelsales@acdsystems.com)