

Thank you for your interest in partnering with Zones. Please complete all fields.

Company Name: _____ Company Website: _____

How long has your company been in business? _____ How many employees does your company have? _____

Please provide the following contact information:

First Name: _____ Last Name: _____

Job Title: _____ E-mail Address: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip: _____

What is your company's primary business? (Limit of 200 characters):

What is your company's unique selling proposition? (Limit of 200 characters):

What percentage of the overall market does your company represent? _____

Who do you consider your top five competitors?

#1 Competitor _____ #4 Competitor _____

#2 Competitor _____ #5 Competitor _____

#3 Competitor _____

Do you currently partner with any distributors? Yes No

If yes, please list the top five in order of size (from large to small):

#1 Distributor _____ #4 Distributor _____

#2 Distributor _____ #5 Distributor _____

#3 Distributor _____

Do you currently partner with any resellers? Yes No

If yes, please list the top five in order of size (from large to small):

#1 Reseller _____ #4 Reseller _____

#2 Reseller _____ #5 Reseller _____

#3 Reseller _____

Do you have any authorized reseller requirements? No

Yes If so, what are they? (Limit of 200 characters):

Please list your company's top-line revenue for the past 3 years.

2017 Estimate/Run Rate _____

2016 _____ 2015 _____

2014 _____

What percent of your overall sales is in the U.S.? _____

What percent of your overall sales is fulfilled through the Channel? _____

How would you describe your target customer? (Limit of 200 characters):

What are the main marketing vehicles your company uses to promote products? (Limit of 200 characters):

Can you meet the minimum quarterly (MDF/VIR) product marketing funding requirements of \$10,000? Yes No

When completed, please submit to newpartnerrequest@zones.com.