



We are pleased that you have expressed an interest in our Authorized Channel Partner Program. Completing this application is the first step toward the opportunity of becoming an AEC Software Authorized Partner.

The AEC Software Authorized Channel Partner Program Application will be used to evaluate your company for possible acceptance as an **Authorized Reseller**. Please complete this form to the best of your ability and email or fax back to me at the number listed below.

Some of the benefits of our **Authorized Reseller** include:

- Tier 2 Level discount
- Sales, Marketing & web kit collateral
- Listed as Authorized Partner on aecsoftware.com
- Premium technical support
- Collaborative sales support to close business (online or conference call)
- And More...

Once your application has been reviewed, an agreement will be sent to you for your consideration and signature. This agreement will be the final step in the application process.

Thank you again for considering the AEC Software Authorized Channel Partner Program. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Ryan Kish  
Tel: +1 (703) 450-1980  
rkish@aecsoftware.com



## Authorized Channel Partner Program Application

*All information will be held in strict confidence and is used solely for the purpose of evaluation. Please fill in all details that apply.*

### Company Contact Information

|                                  |                               |           |
|----------------------------------|-------------------------------|-----------|
| Company Legal Name:              |                               |           |
| Doing Business As (DBA):         | Application Point of Contact: |           |
| Office Mailing Address:          |                               |           |
| City:                            | State:                        | Zip Code: |
| Country:                         |                               |           |
| Point of Contact Phone Number:   | Point of Contact Fax Number:  |           |
| Point of Contact E-Mail Address: | URL:                          |           |

## Company Classification

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

**Which distributors do you typically purchase from:**

Ingram Micro  Tech Data  Lifeboat  
 D&H Distributing  Navarre  Douglas Stewart  
 Other \_\_\_\_\_

**Please provide at least one distribution account number:**

Distributor: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Reseller  VAR  Systems Integrator  Consultant  Services & Training Provider  
 Technology Developer  Distributor  Evangelist  Affiliate  
 OTHER: \_\_\_\_\_

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

**Percentage revenue percentage for**  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** \_\_\_\_\_ **Total number of sales people** \_\_\_\_\_

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

Online  Seminars  Newsletters  Trade Shows  Direct Mail  Print advertising  
 OTHER: \_\_\_\_\_

**Markets Targeted/Sold Into:**

Aerospace  Architects/Engineers/Construction  Automotive  Computer Hardware/Software  
 Consulting  Consumer Products  Defense/Military  Education  Energy/Utilities  
 Entertainment  Government (Federal)  Government (State/Local)  Health/Medical Services  
 Legal  Manufacturing  Media/Advertising/Marketing  Publishing  Petroleum  
 Pharmaceutical/Biotechnology  SMB  Scientific/R&D  Telecommunications  
 OTHER: \_\_\_\_\_

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

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Please detail the reason(s) you wish to partner with AEC Software

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Please provide a description of services that your company offers (i.e. reseller of software, training, consulting, custom development, support, installation):

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What benefits do you hope the AEC Software solutions will offer to you and your customers?:

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Please provide any additional comments regarding your request to become an AEC Software partner:

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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 AEC Software of the undersigned as an AEC Software Authorized Partner. AEC Software 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 your organization as an AEC Software Authorized Partner.

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