



IntelliTrack, Inc. Partner Application

This information will be used to evaluate and establish your company as an IntelliTrack Partner. Please return this completed form, attaching additional sheets as necessary, to:

Will Daniel
Chief Operations Officer
IntelliTrack, Inc.
5 Shawan Road, Suite 200
Hunt Valley, Maryland 21030
Direct Phone: 443-689-0336
Fax: 410-771-3061

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

Company Contact Information

Company Legal Name:		Federal Tax ID #	
DBA:		Primary Partner Contact:	
Office Mailing Address:			
City:	State:		Zip Code:
Phone Number:		Fax Number:	
E-Mail Address:		URL:	
Shipping Address (if different)			
City:	State:		Zip Code:
President/CEO/Owner:		Phone Number:	
Accounting Contact:		Phone Number:	
Purchasing Contact:		Phone Number:	
Sales Contact:		Phone Number:	
Marketing Contact:		Phone Number:	



Company Classification

Years in Business _____

Business Type ___Corporation ___Partnership ___Sole Proprietorship ___ Other

What is your company's competitive advantage?

APICS CSCP Certified? ___yes ___ no ___ future plans for certification?

What specific vertical markets do you service or focus on? And, what do you do to market to those verticals?

Prior year annual revenue \$ _____

Projected revenue for this year \$ _____

Revenue percentage ___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: _____



Approximate number of employees that would sell and service:

___ Full-time inside sales people ___ Outside salespeople

___ Full-time pre-sales engineers ___ Post-sales engineers

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

**Samples of your most recent activities may be requested.*

___ Seminars ___ Newsletters ___ Trade shows ___ Direct Mail ___ Print advertising

___ Web Advertising ___ Other _____

Please list software vendors, hardware vendors, consulting firms and/or systems integrators with whom your company has a business relationship.

Please list any relevant business relationships and alliances, including anyone you would partner with to solve your customer's end-to-end solution:

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

Please provide a list of any products that you sell that might compete with IntelliTrack:



IntelliTrack Partner Program

Please select the IntelliTrack Partner program you are applying for. Please check all that are appropriate.

Reseller Partner:

New Partners must start at the Silver level. A higher reseller status will be awarded if Partner Program requirements are fulfilled. (Select Level)

- Silver Gold Platinum

Referring Partner:

- Software Customer Referrals

**If approved, an IntelliTrack Referral Agreement must be completed and approved for each individual opportunity brought to IntelliTrack.*

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 IntelliTrack of the undersigned as an IntelliTrack Partner. IntelliTrack 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 this location as an IntelliTrack Partner. Note that no binding agreement is formed until Company has finally approved this location as an IntelliTrack Partner for this product line. IntelliTrack’s approval shall only be indicated by its written notification to you of acceptance.

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