



GWAVA CHANNELL PARTNER APPLICATION

COMPANY PROFILE

Company Name: _____ Business Tax ID Number: _____

Mailing Address: _____

City: _____ State/Prov.: _____ ZIP/ Postal Code: _____ Country: _____

Main Phone: _____ Main Fax: _____ Website: _____

Please check here if mailing & shipping addresses are identical.

Shipping Address: _____

City: _____ State/Prov.: _____ ZIP/ Postal Code: _____ Country: _____

Main Phone: _____ Main Fax: _____ Website: _____

CONTACTS

Main Contact: _____ Title: _____ Phone: _____ Email: _____

Sales Contact: _____ Title: _____ Phone: _____ Email: _____

GroupWise Contact: _____ Title: _____ Phone: _____ Email: _____

CERTIFICATIONS - NOVELL - GWAVA - LINUX

Name: _____ Type: _____ Date: _____

Name: _____ Type: _____ Date: _____

Name: _____ Type: _____ Date: _____

BUSINESS PROFILE

_____ Years in business

_____ Number of locations

_____ Number of Tech Staff - Internal

_____ Number of Tech Staff - Outsourced

_____ Number of Sales Staff

_____ Total Number of Employees

What Software Partnerships do you have and what level are you?

Novell - _____ Microsoft _____ Other _____

From which distributors do you purchase products?

Ingram Micro Tech Data Merisel Other _____

Your business is best described as:

Retail Reseller Consulting Training Other _____

Your Gross Annual Sales are:

Over \$5 million Over \$1 million Over \$500,000 Over \$100,000 Under \$100,000

What percent of your Gross Annual sales are **Novell** ? _____

What percent of your Novell sales, is **GroupWise** related: _____



MARKETING PROFILE

Which markets do you target?

- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> Fortune 500 | <input type="checkbox"/> Small Business | <input type="checkbox"/> Education | <input type="checkbox"/> Health / Medical |
| <input type="checkbox"/> Medium Business | <input type="checkbox"/> Banking / Finance | <input type="checkbox"/> Legal | <input type="checkbox"/> Government (Federal, State, Local) |

Which marketing activities do you use to promote products & services?

- | | | | |
|--------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Seminars | <input type="checkbox"/> Direct mail | <input type="checkbox"/> Local Advertising | <input type="checkbox"/> Referral program |
| <input type="checkbox"/> Catalogs | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Web Site | <input type="checkbox"/> Broadcasting |
| <input type="checkbox"/> Other _____ | | | |

On which states do you focus? _____

Please indicate which Level you are signing up for

- National Partner** Authorized fulfillment agent. No defined benefits.
- Reseller** Authorized to resell. No defined benefits.
- Authorized (GAP)** Must meet minimum requirements. The annual fee is \$595 USD.

SHIPPING FEES

Please note that shipping fees are applicable to all orders received for media or other product kits. Reseller or GAP discounts are not applicable to shipping fees.

APPROVAL

Please process this application. I understand that the information provided will be used solely for the purposes of registering as part of the Authorized Partner program. I attest to the accuracy of the information provided.

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

CREDIT CARD INFORMATION

Details must represent exactly what is indicated on the credit card. American Express is not accepted at this time.

Credit Card Type	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	
Credit Card Number	Exp:		
Card Holder's Name			
Card Holder's Signature			
Card Holder's E-Mail			

By completing the information, I _____, understand that it will be used solely for the purpose of payment toward the AUTHORIZED membership fee.

Should the Credit Card be DECLINED, new or updated Credit Card information will be required.

Please fax completed application to 646-304-6250