



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 Value Added Reseller (VAR)**. 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 VAR** include:

- Tier 1 Level discount
- Sales, Marketing & web kit collateral
- Listed as Authorized Partner on aecsoftware.com
- Priority technical support
- Collaborative sales support to close business (online or conference call)
- Training support & materials (upon successful completion of certification program)
- And More...

After receipt of your completed application, AEC Software will review the information to determine if we have a good fit. Should your application be accepted, a basic business plan of action for selling, marketing and supporting AEC Software products will be requested. This business plan should include the following:

- An organization and staffing overview including marketing, sales and technical personnel.
- A high-level marketing plan of action that explains your local market and illustrates knowledge of the product.
- A sales plan that illustrates an understanding of the sales cycle and customer support requirements.

Once your business plan 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,

Serge Gloukhoff
+1 (703) 450-1980
+1 (703) 450-9786
sgloukhoff@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.):

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

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

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

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

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: