Reseller Application Form

 \square Videoconferencing Systems

☐ Computer / Network Equipment



Please fill out this information and fax the completed document to +1 650 472 8940.

COMPANY NAME		
CITY	STATE	Country
WEB ADDRESS		
WEBTIBBILEOU		
APPLICANT CONTACT NAME		
TITLE		
E-MAIL	PHONE	
Company Facts Years in Business		Support Services Services you offer installed customers? (Check all that apply)
Total U.S. Offices Total Worldwide Offices		☐ On-site technical support☐ Remote technical support☐ Service/maintenance contract
Number of Employees:		☐ On-site product training
Technical Sales and Marketing		Software Development Do you provide software development services? ☐ Yes ☐ No
Service		
Revenue Profile Total revenue for last twelve months: (US\$)		Training Services Do you provide end user training courses? ☐ Yes ☐ No Where do you provide this training? (Check all that apply) ☐ Customer's site ☐ Applicant's site ☐ Online (e.g. webinar, videoconference)
Approximate breakdown of last year's revenue:		
% Hardware (video/digital systems)		
% Software % Services		
Market Profile Top 3 markets in your customer base:% Higher Education		Area of Specialization List any unique technology or market offerings that your firm has developed:
% K12 Education		
% Large Corporate / Enterprise % Small / Medium Businesses		
% Federal Government		
% Other (Please explain)		
Product Information Products you currently resell? (Check all t ☐ Flat Panel Displays ☐ Interactive Whiteboards ☐ Classroom Management Software	hat apply)	