

LIGHTSPEED SYSTEMS PARTNER APPLICATION

Company Name _____

Address _____

City/State: _____ Zip: _____

Main Phone Number: _____ Main Fax Number: _____

Representative Name _____ Title _____

Address _____

City/State: _____ Zip: _____

Direct Phone Number: _____ Cell Phone Number: _____

Email Address: _____

1) How many years have you been in business? _____

2) What territory is your focus? _____

3) What is your primary business focus? (Please check all that apply)

Hardware

Software

Managed Services

Network Consulting

Other: _____

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4) What vertical markets do you target? (Please check all that apply and allocate % estimates for each one)

- Education _____ %
- Government _____ %
- Healthcare _____ %
- Finance _____ %
- Enterprise _____ %
- Other: _____ %

5) How many employees are in your organization? _____

How many Salespeople? _____

How many Engineers? _____

6) What are you annual gross sales revenues? _____

7) What certifications do you hold? (Please check all that apply)

- Microsoft
- Cisco
- HP
- Lucent
- Other: _____

8) Do you currently sell/ resell other Network Security products? _____

If so, please list below:

Please email completed application to Cheresse Grell, Channel Manager: cherese@lightspeedsystems.com