

Partner Program Application

Company Information

Legal Company Name : _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Website address: _____

Contact Name : _____

Direct Line / Ext.: _____

Email: _____

Federal Tax ID No.: _____

Type of Business

(check one):

Sole Proprietorship Corporation Partnership Limited Liability Corporation (LLC)

Date Business Commenced: _____ Incorporated In (State): _____

Partnership Information

Corporate Reseller VAR ASI

Expected Sales of activePDF Products \$ _____

Specific Market expertise (Verticals) _____

Specific Market expertise (Products) _____

Annual Software Sales (Resale) \$ _____

Annual Software Sales (Private Brand) \$ _____

Annual Service Sales \$ _____

Current Contracts: _____

Experience and Exposure

Please provide the number of employees you currently have working in the following capacities.

Sales: _____

Technical Support: _____

Technical Trainers: _____

Project Managers: _____

Customer Service: _____

Marketing: _____

Technical Engineers: _____

Please list all Certifications of in-house (billable) resources: _____

Please provide the number of years of experience your company has in the following areas:

With PDF solutions: _____

Within your market: _____

Marketing

Do you offer complimentary Partner website listings?

Yes

No

Please use the space below to describe any complimentary marketing initiatives available to activePDF as a partner. Attach a separate sheet if necessary.

Please attach a detailed description of **all** marketing programs available, including cost where applicable.

References

Provide **Two (2) Trade References** from companies you are currently partnering with:

Company Name: _____ Contact Name: _____

Phone: _____ Email Address: _____

Company Name: _____ Contact Name: _____

Phone: _____ Email Address: _____

Provide **Two (2) End User References** from current customers:

Company Name: _____ Contact Name: _____

Phone: _____ Email Address: _____

Company Name: _____ Contact Name: _____

Phone: _____ Email Address: _____

Terms and Conditions

By submitting this form, the undersigned (hereafter Applicant) certifies that the information provided herein, and in related attachments, is true and accurate. Applicant authorizes activePDF, Inc. to utilize the information provided to determine trade designation as a partner. activePDF reserves the right to verify this information at any time, without prior notice to Applicant. If information herein is found to be fraudulent or misleading, activePDF reserves the right to reject this application, or, if partnership is awarded, to terminate said partnership after providing a 30-day verbal notice to Applicant.

Customer Signature Date

Printed Name Title
