

QMS® VAR Partnership Program Overview

The QMS business partner program brings together the industry's top value-added resellers (VARs) and systems integrators. Together, we form a business alliance that produces a broad range of solutions for customers who require the industry leading print solutions. From single user print stations to network LAN/WAN printing or enterprise level applications, our partnership will provide total solutions to an ever demanding customer base.

QMS VAR Program Benefits

- Account management / field sales staff
- Product discount
- Training
- QMS National Service
- QMS authorized service programs
- Leads / qualified
- MDF / discretionary
- Product literature
- Tradeshow participation / considered on request
- Electronic sales tools / CD
- WEB access to ValuePrint information
- Technical support / special 1-800 line
- Demo / discount program



Authorized VAR Partnership Application

Company Information

Company Name / DBA _____

Legal Name _____

Business Address _____

City _____ State _____ Zip _____

Primary Contact _____ Title _____

Second Contact _____ Title _____

Phone Number _____ Fax _____

Email Address _____ URL _____

Company Profile

Date Company was founded _____

Total annual computer sales revenues \$ _____

Number of employees

Administrative _____

Executives _____

Sales _____

Service _____

Technical Support _____

Training _____

Section I

What type of reseller are you?

- | | |
|---|--|
| <input type="checkbox"/> ValueAdd Reseller | <input type="checkbox"/> Catalog/Telemarketing |
| <input type="checkbox"/> System Integrator | <input type="checkbox"/> Software Developer |
| <input type="checkbox"/> Retail/Store Front | <input type="checkbox"/> Corporate Dealer |
| <input type="checkbox"/> Other _____ | |

If you selected ValueAdd Reseller or System Integrator, describe value add or system components where the QMS system will be an integral part : _____

If corporate, dealer please list your affiliation: _____

Section II

What type of services do you offer?

- | | |
|--|--|
| <input type="checkbox"/> Value Added Solutions | <input type="checkbox"/> Application Development |
| <input type="checkbox"/> System Integration | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Training | <input type="checkbox"/> Hardware Services |
| <input type="checkbox"/> Other _____ | |

Briefly describe _____

Section III

Do you have any aggregator affiliations?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Intelligent Electronics | <input type="checkbox"/> Vanstar |
| <input type="checkbox"/> Microage | <input type="checkbox"/> Datago |
| <input type="checkbox"/> Inacom | <input type="checkbox"/> Other |

Section IV

Please check printers currently sold by your organization:

- | | | |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Lexmark | <input type="checkbox"/> Tektronix | <input type="checkbox"/> DEC |
| <input type="checkbox"/> HP | <input type="checkbox"/> Xerox | <input type="checkbox"/> ATI |
| <input type="checkbox"/> Okidata | <input type="checkbox"/> IBM | <input type="checkbox"/> TALARIS |
| | <input type="checkbox"/> Other | |

Please list models sold _____

Do you purchase demo equipment?

- yes
 no

Section V

Please check workstations sold:

- | | | |
|---------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> HP | <input type="checkbox"/> Mips | <input type="checkbox"/> SGI |
| <input type="checkbox"/> Sun | <input type="checkbox"/> IBM | <input type="checkbox"/> All |
| <input type="checkbox"/> Apollo | <input type="checkbox"/> DEC | <input type="checkbox"/> Other _____ |

Comments _____

Section VI

Please check software applications:

- | | |
|---|--|
| <input type="checkbox"/> Forms | <input type="checkbox"/> Document Management |
| <input type="checkbox"/> Document Imaging | <input type="checkbox"/> NT |
| <input type="checkbox"/> Workflow | <input type="checkbox"/> MICR |
| <input type="checkbox"/> Client Server | <input type="checkbox"/> Other _____ |

Please list software your company has the ability to successfully deliver relevant solutions: _____

Section VII

Please check service certification level:

- | | | |
|-------------------------------|--|--------------------------------|
| <input type="checkbox"/> CNE | <input type="checkbox"/> CNA | <input type="checkbox"/> ASE |
| <input type="checkbox"/> MCNE | <input type="checkbox"/> ACE™ | <input type="checkbox"/> A+ |
| <input type="checkbox"/> SUN | <input type="checkbox"/> MICROSOFT® NT | <input type="checkbox"/> CCIE |
| <input type="checkbox"/> CIP | <input type="checkbox"/> MCSE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CNI | <input type="checkbox"/> MCSA | |

Section VIII

Platform support

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Macintosh® | <input type="checkbox"/> VAX® / VMS® | <input type="checkbox"/> WindowsNT® |
| <input type="checkbox"/> OS/2® | <input type="checkbox"/> Windows 3.1® | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> UNIX® | <input type="checkbox"/> Windows95® | |

Section IX

Please check certification from approved networking vendor:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Novell® Platinum | <input type="checkbox"/> SAR | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Novell Gold | <input type="checkbox"/> IBM® Networking VAR | |
| <input type="checkbox"/> DEC® | <input type="checkbox"/> SCO® Vertical Solution Provider | |



Section X

Annual gross sales for all products and services

\$ _____

Please indicate percentage of total annual revenue from each of the following areas

_____ % Software

_____ % Hardware

_____ % Support

_____ % Applications development

_____ % Integration

_____ % Training

_____ % Other / please specify:

The above information provided is true and complete.

Signature Title

Date

Print name

The following is to be completed by QMS corporate headquarters	
Approved by _____	Date approved _____