



Foreseeson Partner Application Form

Foreseeson Technology Inc.
Unit 2105 – 11980 Hammersmith Way
Richmond, BC V7A 0A4

<http://www.foreseeson.com>

Partner Profile Form

Legal Business Name	
DBA	
Address 1	
Address 2	
Address 3	
City	
State	
Postal/Postal Code	
Country	
Local Phone Number	
Toll Free Phone No.	
Fax Number	
Firm CEO/President	
Web Site URL	
State of Incorporation	
Type of Business (check one)	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
Years in Business	
# of Employees	Total _____ Technical _____ Sales _____
Resale License #	
Target Market	<input type="checkbox"/> Small (<50 employees) <input type="checkbox"/> Medium (50-300 employees) <input type="checkbox"/> Large Enterprises (over 300 employees)
Target Territory (Fill in)	

Partner Business Screening

1. How was the partner identified? (check One)

<input type="checkbox"/> Customer Referred	<input type="checkbox"/> Personal contact	<input type="checkbox"/> VAR Business	<input type="checkbox"/> Trade Show/VAR Event	<input type="checkbox"/> Competitor's Reseller
<input type="checkbox"/> Technology Partner's Reseller	<input type="checkbox"/> Analyst Referred	<input type="checkbox"/> Foreseeson-initiated	<input type="checkbox"/> Partner-initiated	<input type="checkbox"/> Other

2. What is the Partner's Core Business Focus? (Check all that apply)

<input type="checkbox"/> Security	<input type="checkbox"/> Networking	<input type="checkbox"/> Wireless	<input type="checkbox"/> VoIP	<input type="checkbox"/> IT Consulting
<input type="checkbox"/> Comp. Services	<input type="checkbox"/> Installation Services	<input type="checkbox"/> Other Services		

3. What is the Partner's Primary Vertical Focus? (Check all that apply)

<input type="checkbox"/> Education	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Finance	<input type="checkbox"/> Government (Federal)
<input type="checkbox"/> Govt. (State)	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Mfg.	<input type="checkbox"/> High – Tech	<input type="checkbox"/> Other

4. What is the Partner's Geographic Reach? (Check one)

<input type="checkbox"/> Local (Metro)	<input type="checkbox"/> Province	<input type="checkbox"/> Regional	<input type="checkbox"/> Nation-wide	<input type="checkbox"/> Other
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5. What is the Partner's Employee (Technical Sales) Strength? (Check one)

<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 100+
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6. What is the Partner's Professional Services Strength? (Check one)

<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 100+
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7. What is the Partner's Financial Strength? (Check one)

<input type="checkbox"/> Less than \$1M	<input type="checkbox"/> \$1-\$5MM	<input type="checkbox"/> \$6 - \$10MM	<input type="checkbox"/> \$10-\$50MM	<input type="checkbox"/> 50+ MM
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8. What is the Partner's Client Base? (Check one)

<input type="checkbox"/> <10	<input type="checkbox"/> 10 – 50	<input type="checkbox"/> 50 – 100	<input type="checkbox"/> 100 – 500	<input type="checkbox"/> 500+
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Partner Technical and Support Screening

9. What other products and services does the partner carry? (check all that apply)

<input type="checkbox"/> Networking Products	<input type="checkbox"/> Wireless Products	<input type="checkbox"/> Security Products	<input type="checkbox"/> VoIP Products	<input type="checkbox"/> Competitive products
<input type="checkbox"/> Software Products	<input type="checkbox"/> Other	<input type="checkbox"/> MSSP		

10. How many units of products do you sell ANNUALLY? (check all that apply)

<input type="checkbox"/> Networking Products _____	<input type="checkbox"/> Wireless Products _____	<input type="checkbox"/> Security Products _____	<input type="checkbox"/> VoIP Products _____	<input type="checkbox"/> Competitor's Reseller _____
<input type="checkbox"/> Software Products _____	<input type="checkbox"/> Other _____			

11. Do you offer Tiered levels of technical support to end users? Yes No

12. What are your technical capabilities based on certifications?

Highest level of Cisco Certification _____	Highest level of Wireless Certification _____	Highest level of Security Certification _____
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13. What are your capabilities in each of these technical areas? (Check one for each area)

a. Radius Authentication Capabilities (Radius, LDAP)	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
b. PPTP/L2TP/IPSec familiarity	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
c. 802.1x familiarity	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
d. VLAN Capabilities	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
e. HTML/ASP Capabilities	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
f. Microsoft Capabilities (Active Directory, Kerberos)	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
g. Mail/Messaging Capabilities (MS Exchange, IBM Lotus, Novell)	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
h. Novell Capabilities	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
i. Consulting/Professional Services Strengths	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
j. Help Desk Support Capabilities	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low

Credit Application Form

Company Name

Main Address

City/State/Country _____ Postal Code _____

Billing Address (if different from Main Address)

City/State/Country _____ Postal Code _____

Telephone () _____ Facsimile () _____ E-Mail: _____

Type of Organization: __Corporation __Partnership __Sole Proprietor __Others: _____

Tax Exempt Certificate Numbers: GST _____ PST _____

Dun & Bradstreet # _____ Annual Sales: _____ (K) Founding Date: _____

Terms Requested (Check One) Net Terms Credit Card Authorization COD Company Cheque

Estimated Monthly Purchases _____ Credit Requested _____

Please send the Audited Financial Statements to the address indicated below. If they are not available, please provide the latest financial statement.

BANK REFERENCES

Bank Name _____ **Bank Name** _____

Contact: _____ Contact: _____

Telephone Number () _____ Telephone Number () _____

Facsimile () _____ Facsimile () _____

E-Mail: _____ E-Mail: _____

Account # _____ Account # _____

TRADE REFERENCES

Name of Company _____ **Name of Company** _____

Contact: _____ Contact: _____

Telephone Number () _____ Telephone Number () _____

Facsimile () _____ Facsimile () _____

E-Mail: _____ E-Mail: _____

I hereby authorize Foreseeson Technology Inc. to investigate the references pertaining to our Credit and Financial responsibility. Signature attests financial responsibility and willingness to pay our invoices in accordance with the terms of payment established as NET 30 DAYS from the invoice date OR ON A SECURED BASIS, which will be determined by the Foreseeson Technology Inc. Finance Department.

By: _____ Title: _____

Signature: _____ Date: _____

Telephone Number () _____ Facsimile () _____

E-Mail: _____ Web Page: _____

Please return the Credit Application to Foreseeson Finance Department by fax: Foreseeson Technology Inc., Unit 2105 – Hammersmith Way, Richmond, BC V7A 0A4 Attention: Finance Department, Facsimile: (604) 233-0248
If there are any questions, please call the Operations Manager at (604) 233-0247

Bank Authorization Form

Applicant Information

Company Name

Address

City State Postal Code

Tel Fax

Bank Information

Name of Bank

Address

City State Postal Code

Tel Fax

Account Number: _____

To Whom It May Concern:

I hereby request and authorize _____ to release credit rating

Name of Bank

information to ***Foreseeson Technology Inc.***

Sincerely,

(Signature/Title)

Authorized Bank Signatory

Please return the Credit Application to Foreseeson Finance Department by fax: Foreseeson Technology Inc., Unit 2105 – 11980 Hammersmith Way, Richmond, BC V7A 0A4, Attention: Finance Department, Facsimile: (604) 233-0248

If there are any questions, please call the Operations Manager at (604) 233-0247

Partner Contact Information

MAIN CONTACT

Name	
Title	
Email Address	
Phone Number	
Fax Number	
Mobile Number	

SALES CONTACT

Name	
Title	
Email Address	
Phone Number	
Fax Number	
Mobile Number	

TECHNICAL SUPPORT CONTACT

Name	
Title	
Email Address	
Phone Number	
Fax Number	
Mobile Number	

MARKETING CONTACT

Name	
Title	
Email Address	
Phone Number	
Fax Number	
Mobile Number	

Partner Contact Information (contd.)

ACCOUNTS PAYABLE CONTACT

Name	
Title	
Email Address	
Phone Number	
Fax Number	
Mobile Number	

OTHER CONTACT

Name	
Title	
Email Address	
Phone Number	
Fax Number	
Mobile Number	