

Vertices®  
Value  
Added  
Reseller  
Program



*“The Vertices® Advantage”*  
**Partner Program Application**

Return Application to:

**B&L Associates, Inc.  
220 Reservoir St., Ste. 15  
Needham, MA 02494**

Or fax to:

**781.444.5805**



**B&L ASSOCIATES**

**B&L Associates, Inc.**  
220 Reservoir St., Ste. 15  
Needham, MA 02494

**Tel: 877.VERTICES**  
**Fax: 781.444.5805**  
**www.vertices.net**

**THE VERTICES® ADVANTAGE APPLICATION FORM**

Thank you for taking the time to complete this important step in joining the Vertices® Advantage Program. Please complete this application form and fax it to B&L Associates, Inc. at (781) 444-5805. Attn: Channel Marketing.

**PART 1: Contact Information**

Full Company Name: \_\_\_\_\_ URL: \_\_\_\_\_

Main Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional addresses (attach list)

PRESIDENT: \_\_\_\_\_ email: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS CONTACT: \_\_\_\_\_ email: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_

MARKETING CONTACT: \_\_\_\_\_ email: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_

TECHNICAL CONTACT: \_\_\_\_\_ email: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_

TRAINING CONTACT: \_\_\_\_\_ email: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_

**PART 2: Company Information**

Company Type:  Public  Private  Primary  
 Partnership  Proprietorship  Subsidiary

Business Type:  Consultant  Reseller  Software Developer  
 System Integrator  Trainer  Other

Gross Sales:  Under \$1M  \$1M - \$5M  \$6M - \$10M  
 \$11M - \$50M  \$51M - \$100M  over \$100M

Years in business: \_\_\_\_\_

Industry/market focus: \_\_\_\_\_

Specify the number of employees that perform the following roles:

\_\_\_\_\_ Telesales                      \_\_\_\_\_ Consultants                      \_\_\_\_\_ Direct Sales                      \_\_\_\_\_ Indirect Sales  
 \_\_\_\_\_ Marketing                      \_\_\_\_\_ Training/Support                      \_\_\_\_\_ Sales Engineers                      \_\_\_\_\_ Software Developers

Product offerings as a percentage of total revenue:

\_\_\_\_\_% Hardware                      \_\_\_\_\_% Software                      \_\_\_\_\_% Services                      \_\_\_\_\_% Bundled Solution

In which geographical area(s) do you perform most of your business?

USA:     Northeast                       Southeast                       Midwest  
            Southeast                       Northwest                       West  
            Canada                       Mexico                       International

**PART 3: Product Information**

Which platforms do you sell and which are you certified to sell? (check all that apply)

	<u>Sell</u>	<u>Certified</u>		<u>Sell</u>	<u>Certified</u>
Windows 2000	<input type="checkbox"/>	<input type="checkbox"/>	Microsoft Solutions Provider Partner	<input type="checkbox"/>	<input type="checkbox"/>
Windows NT	<input type="checkbox"/>	<input type="checkbox"/>	Microsoft Solutions Provider Member	<input type="checkbox"/>	<input type="checkbox"/>
Windows XP	<input type="checkbox"/>	<input type="checkbox"/>	SMCC Authorized Partner	<input type="checkbox"/>	<input type="checkbox"/>
Windows 95/98/ME	<input type="checkbox"/>	<input type="checkbox"/>	Novell Sales Partner	<input type="checkbox"/>	<input type="checkbox"/>
HP - UX	<input type="checkbox"/>	<input type="checkbox"/>	Novell Service Partner	<input type="checkbox"/>	<input type="checkbox"/>
IBM AIX	<input type="checkbox"/>	<input type="checkbox"/>	SGI VAR Premier or Systems Integrator	<input type="checkbox"/>	<input type="checkbox"/>
Sun Solaris	<input type="checkbox"/>	<input type="checkbox"/>	SGI Irix	<input type="checkbox"/>	<input type="checkbox"/>
Novell Netware	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

What databases and applications do you sell and which are you certified to sell? (check all that apply)

	<u>Sell</u>	<u>Certified</u>		<u>Sell</u>	<u>Certified</u>		<u>Sell</u>	<u>Certified</u>
MS SQL Server	<input type="checkbox"/>	<input type="checkbox"/>	Informix	<input type="checkbox"/>	<input type="checkbox"/>	Oracle Alliance Partner	<input type="checkbox"/>	<input type="checkbox"/>
Sybase	<input type="checkbox"/>	<input type="checkbox"/>	MS Exchange	<input type="checkbox"/>	<input type="checkbox"/>	Informix Solutions Partner	<input type="checkbox"/>	<input type="checkbox"/>
Oracle	<input type="checkbox"/>	<input type="checkbox"/>	Lotus Notes	<input type="checkbox"/>	<input type="checkbox"/>	SAP	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>						

What Autoloaders do you sell and which are you certified to sell? (check all that apply)

	<u>Sell</u>	<u>Certified</u>		<u>Sell</u>	<u>Certified</u>
Exabyte	<input type="checkbox"/>	<input type="checkbox"/>	Exabyte StrategEx Partner	<input type="checkbox"/>	<input type="checkbox"/>
ATL	<input type="checkbox"/>	<input type="checkbox"/>	Exabyte Library Authorized Reseller	<input type="checkbox"/>	<input type="checkbox"/>
Storage Tek	<input type="checkbox"/>	<input type="checkbox"/>	AGI Business Partner	<input type="checkbox"/>	<input type="checkbox"/>
Breece Hill	<input type="checkbox"/>	<input type="checkbox"/>	Qualified Breece Hill Library Reseller	<input type="checkbox"/>	<input type="checkbox"/>
HP	<input type="checkbox"/>	<input type="checkbox"/>	ADIC	<input type="checkbox"/>	<input type="checkbox"/>
DEC	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Gate	<input type="checkbox"/>	<input type="checkbox"/>

I have read the Vertices Advantage Reseller Program and upon B&L Associates, Inc. approval of this application, agree to meet the requirements for the following authorization level within 60 days of acceptance.

- Referral Reseller
- Silver Level Partner
- Gold Level Partner

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**B&L Associates, Inc. Approval**

Account Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART 4: Application for Credit Terms**

Tax ID: \_\_\_\_\_ D&B#: \_\_\_\_\_ Resale Cert#: \_\_\_\_\_

Credit Limit Requested: \$\_\_\_\_\_

**Bank Reference**

Bank Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Credit References** (please provide three references)

1) Company Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Company Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Release: To whom it may concern: This will be your authority and my request for you to release information to the inquiring company concerning company credit standing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_