

Partner Information Request Form

COMPANY INFORMATION

Company Name: _____
Complete Address: _____

Telephone Number: _____
Fax Number: _____
Company Website: _____

Years in Business: _____ Office Locations: _____
Annual Revenue: _____
Number of Employees: _____

CONTACT INFORMATION

Primary Contact's Name: _____
Primary Contact's Title: _____
Email Address: _____
Telephone Number: _____
Fax Number: _____
Secondary Contact's Name: _____
Secondary Contact's Title: _____
Email Address: _____
Telephone Number: _____
Fax Number: _____

PLEASE INDICATE HOW MANY EMPLOYEES YOU CURRENTLY HAVE IN THE FOLLOWING AREAS:

Executive Committee:	_____	Software Programmers:	_____
Management/Supervisory:	_____	Customer Support:	_____
Office Administration:	_____	Marketing:	_____
Sales:	_____	Other:	_____

PLEASE IDENTIFY YOUR MAJOR PARTNERS:

IDENTIFY YOUR TARGET MARKETS:

Nationally _____ Internationally _____ North America _____

PLEASE IDENTIFY WHAT PERCENTAGE OF SALES IS OBTAINED FROM THE FOLLOWING:

Consulting:	_____ %	Finance:	_____ %
Software:	_____ %	Engineering:	_____ %
Manufacturing:	_____ %	Marketing/Media:	_____ %
Government:	_____ %	Healthcare:	_____ %
Insurance:	_____ %	Other:	_____ %

PLEASE EXPLAIN WHAT VALUE YOUR COMPANY WOULD BRING TO DOVICO.

PLEASE EXPLAIN WHAT VALUE DOVICO WOULD BRING TO YOUR COMPANY.

WE INVITE AND THANK YOU FOR ANY ADDITIONAL COMMENTS YOU MAY HAVE.

PLEASE FAX OR MAIL YOUR APPLICATION FORM TO:

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Park Green, Suite #104
Macclesfield, Cheshire, UK
SK11 7QJ

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