



## PARTNER PROGRAM APPLICATION FORM

**Today's Date:** \_\_\_\_\_

### Company General Information

Company Description: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

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

Country: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

### Contact Information

Primary Business Contact: \_\_\_\_\_

Email: \_\_\_\_\_

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

Primary Technical Contact: \_\_\_\_\_

Email: \_\_\_\_\_

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

### Company Business Information

Do you have a SharePoint practice currently? YES  NO

How many SP implementations have you done? \_\_\_\_\_

Is your company using SharePoint internally? YES  NO

Do you have specific vertical focus? YES  NO

What other 3rd party applications do you work with and/or sell? \_\_\_\_\_

Do you have any immediate opportunities that we can help you with? YES  NO