



# Join Our Channel

Please fill out the following form to become an EION Value Added Reseller or EION Certified Gold Partner. If you have any questions, please send a message to [channel@eion.com](mailto:channel@eion.com).

- Value Added Reseller (VAR)
- Certified Gold Partner

## COMPANY PROFILE

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_

## CONTACTS

### Primary Sales Contact

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### Technical Contact

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### Marketing Contact

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### Purchasing Contact

Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### Accounts Payable Contact

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

## COMPANY INFORMATION

Year Company was established: \_\_\_\_\_  
 Total number of employees: \_\_\_\_\_  
 What country do you primarily do business in? \_\_\_\_\_  
 \_\_\_\_\_  
 What other countries to you sell product into? \_\_\_\_\_  
 \_\_\_\_\_  
 Company primary activities: \_\_\_\_\_  
 \_\_\_\_\_

### Type of Operation:

- Corporation
- Partnership
- Sole proprietorship
- Other: \_\_\_\_\_

### Number of employees in each function:

- \_\_\_ Inside sales representative
- \_\_\_ Outside sales representative
- \_\_\_ Technical support/help desk
- \_\_\_ Applications/sales engineers
- \_\_\_ RF Engineers/technicians
- \_\_\_ Network specialists
- \_\_\_ Marketing/sales support
- \_\_\_ Training staff
- \_\_\_ Administration
- \_\_\_ Other: \_\_\_\_\_

### Annual revenue:

Current Year \$ \_\_\_\_\_  
 Previous Year \$ \_\_\_\_\_

### What is your company's business model?

- Value added reseller
- Vertical application reseller
- Distributor
- System Integrator

- OEM
- Administrator
- Other: \_\_\_\_\_

**Technology/solution specialization:** (check one)

- Internet/data access
- Wireless WAN/LAN networks
- Inter-office connectivity
- Voice over Internet Protocol (VoIP)
- Video Surveillance
- Small office/mobile computing
- Other: \_\_\_\_\_

**Vertical Market Focus:** (check one)

- Telecommunications operators
- Telecommunications equipment providers
- CLEC
- Internet service provider
- Government
- Education
- Other: \_\_\_\_\_

**Please specify which brands of wireless equipment you currently sell:**

- Alvarion
- Proxim
- Aperto
- Airspan
- Cisco/Aironet
- Motorola
- Other: \_\_\_\_\_

### TECHNICAL READINESS

**Please rate your company's current technical proficiency in each area using this scale:**

1=none, 2=limited, 3=average, 4=above average, 5=excellent

- \_\_\_ Complete turnkey wireless systems
- \_\_\_ Site surveys, path analysis
- \_\_\_ Equipment installation
- \_\_\_ Network integration
- \_\_\_ Point-to-point design
- \_\_\_ Frequency coordination
- \_\_\_ Antenna configurations
- \_\_\_ Point-to-multipoint design

**Please rate your company's network experience in each area using this scale:**

1=none, 2=limited, 3=average, 4=above average, 5=excellent

- \_\_\_ Novell Netware
- \_\_\_ Solaris
- \_\_\_ Citrix WINFrame WINDD
- \_\_\_ Microsoft Windows NT
- \_\_\_ Unix
- \_\_\_ Linux
- \_\_\_ Other: \_\_\_\_\_

**Do you have RF Design resources?**

- Yes
- No

**What RF diagnostic and measuring equipment do you currently have?**

- Spectrum Analyzer
- Network Diagnostic Hardware/Software
- Broadband Transmission line and Antenna analyzer
- Other: \_\_\_\_\_

**Do you contract specific technical services?**

- RF Design
- Site leasing
- Installations
- Services and support
- Other: \_\_\_\_\_

**Do you have trained support staff to manage and support technical support services?** (Applies to Gold Certified partners only)

- None
- 5 x 8
- 7 x 24
- Other: \_\_\_\_\_

### BANKING INFORMATION

- Name of Banking Institution: \_\_\_\_\_
- Account Number: \_\_\_\_\_
- Bank Contact Name: \_\_\_\_\_
- Bank Phone Number: \_\_\_\_\_
- Bank e-mail address: \_\_\_\_\_



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## TRADE REFERENCES

### Trade References (1 of 3):

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

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

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

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

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

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

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

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

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

### Trade References (2 of 3):

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

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

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

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

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

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

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

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

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

### Trade References (3 of 3):

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

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

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

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

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

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

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

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

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

### Credit Limit Requested:

\$USD

## TERMS OF APPLICATION

Participation in this program is subject to acceptance and approval of this application by EION Inc. EION Inc. will notify you within thirty (30) days of receipt of this application of your Channel Partner Program acceptance.

By submitting this form, you certify that the information in this credit application is correct, and you authorize the bank and trade references listed in credit application to release the information necessary to establish a line of credit pursuant to normal business practice. You agree to pay all accounts by their due date, being 30 days from invoice, and to pay a service charge of 1.5% per month on all past due amounts.

The information contained herein is for the purpose of determining the amount and conditions of credit to be extended by the above company, and confidential to the above company.

## SIGNATURE

This signature certifies that the above information is true and factual. By signing below, you agree to accept and abide by the terms and conditions of the EION Channel Partner Program. (Must be signed by an officer of the company).

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

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

Please fax, mail or email your complete, signed and dated application to the following address:

### Director Channel Management

EION Inc.

320 March Road, Suite 500

Ottawa, ON Canada K2K 2E3

Phone: (403) 475-3724 Fax: (613) 271-7040

Email: channel@eion.com