



Acrobat

CO-BRANDED SOFTWARE CREATIONS



Application Form
(CO-Branded Software Program)

Corporate Head Location: World Partner [] Star Partner []

Name of Firm: _____

URL: _____

Contact Person /Designation : _____

E-mail Address: _____

Telephone / Fax : _____

Postal Address: _____

Name of the CEO of the organization: _____

Organization Type: Private [] Public [] Proprietorship []

No of Years in Business: Less than 2 [] 2 - 5 [] more than 5 []

Branches/Subsidiaries: _____

Total No. of Employees: Less than 25 [] 25 - 75 [] more than 75 []

No. of employees dedicated to full time Sales & Marketing [] Customer Support []

Where did you first hear about ProForce :

Advertisement : []

Trade Show : []

Internet : []

Referred By : _____

Other : [] _____

Sales/Marketing Capabilities

Annual Sales: _____

Customer Base: _____

Territory Covered: _____

Affiliations: _____

List other products, services, or software for which you have marketing and sales experience :

List the reasons why your organization is key positioned for marketing "Your" Name-Branded Software title, and your projection for 1st year sales volume :

Detail the target area(s) you plan to market "Your" Name-Branded Software to :

For ProForce Use Only

Overall Rating:

To Investigate Further:

Letter of Interest Sent:

Prepared By:

Reviewed By:

Approved By: