



FAST PARTNER PROGRAM ENROLLMENT APPLICATION

Company Name: _____

Partner Type Applying For:

- Alliance Partner
 - System Integrator
 - Reseller Partner
 - Referral Partner
 - Technology Partner

- OEM Partner

FEE: \$2,995.⁰⁰ renewed on an annual basis

Paid by: _____ Credit Card _____ Check

Greeting: Mr. Ms. Mrs. Dr.

First Name _____

Last Name _____

Title _____

Industry _____

Email _____

Phone _____

Fax _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip or Postal Code _____

Country _____

Company URL _____

SECTION I: COMPANY PROFILE

Funding: Public
 Private

How long has your company been in business? _____

No. of Employees: _____

No. of Sales Reps: _____

Number of Technical Engineers: _____

Total Annual Revenue: _____

If your previous year's revenues were less than \$10 million, please list the following:

- 1) Your major investors: _____
- 2) Company Founders: _____
- 3) Strategic partners: _____
- 4) Key company milestones: _____

Please indicate the revenue mix (totaling 100%) for your business:

_____% Hardware sales

_____% Software sales

_____% Consulting

_____% Systems/network integration

_____% Training

_____% Maintenance/Support

_____% Other (please explain) _____

What products do you sell or plan to integrate with FAST? _____

What is your core expertise? _____

Please indicate your top vertical markets:

- | | |
|--|---|
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Hospitals/Health |
| <input type="checkbox"/> Government | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Telecom | <input type="checkbox"/> Banking |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Pharmaceutical/Chemical | <input type="checkbox"/> Automotive |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Other _____ |

Who are your existing Partners?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> EMC | <input type="checkbox"/> Microsoft |
| <input type="checkbox"/> Sun | <input type="checkbox"/> HP |
| <input type="checkbox"/> IBM | <input type="checkbox"/> Autonomy |
| <input type="checkbox"/> Oracle | <input type="checkbox"/> Novell |
| <input type="checkbox"/> BEA | <input type="checkbox"/> Plumtree |
| <input type="checkbox"/> Vignette | <input type="checkbox"/> SAP |
| <input type="checkbox"/> Veritas/Symantec | <input type="checkbox"/> Trend Micro |
| <input type="checkbox"/> Others (please list) _____ | |

Who are your largest customers? _____

Who are your primary competitors? _____

Please indicate the top four geographic areas you cover:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please provide as much information as possible in the section below. Information provided in this section is a key component of the application. **Each response is limited to 200 characters. Please try to be as concise as possible.**

Please provide a brief description of your company and its products: _____

Please provide a detailed description of your firm's unique products/services. (This includes the types of services you offer, major clients, awards, etc.)

How will your products and partnership add value to FAST and our customers? _____

SECTION II: MARKETING INFORMATON

Please indicate the marketing activities in which you currently engage. Please include percentages to indicate your effort (check all that apply):

- Seminars _____%
- User Group Meetings _____%
- Tradeshows _____%
- Marketing Collateral _____%
- Press Releases _____%
- Customer Success Stories _____%
- Direct Mail pieces _____%
- Promotions _____%
- Other _____%

Please list any accounts that you would like to target with FAST.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SECTION III: CONTACT INFORMATON

Primary Program Contact: (receives communication from FAST)

Name: _____ Title: _____
Email: _____ Phone: _____
Address: _____

Referral Contact: (receives leads/referrals from FAST)

Name: _____ Title: _____
Email: _____ Phone: _____
Address: _____

Product Support Contacts: (two individuals to be able to access FAST support)

Name: _____ Title: _____
Email: _____ Phone: _____
Address: _____

Name: _____ Title: _____
Email: _____ Phone: _____
Address: _____

Primary Sales and Marketing Contacts:

US:
Name: _____ Title: _____
Email: _____ Phone: _____
Address: _____

EUROPE:
Name: _____ Title: _____
Email: _____ Phone: _____
Address: _____

SECTION IV: REFERENCES

Customer Reference:

Legal Business Name: _____
Primary Contact: _____
Email: _____ Phone: _____
Address: _____
Company URL: _____
Key Principals/Owners: _____
Success Story Overview: _____

Business Reference:

Legal Business Name: _____
Primary Contact: _____
Email: _____ Phone: _____
Address: _____
Company URL: _____
Key Principals/Owners: _____
Business Relationship Overview: _____

It is required that training is completed within 6 months of your approved contract. Please view the schedule at the following link and provide us with two possible dates that you will be able to attend a FAST University Session:
http://www.fastsearch.com/index.php/us/services/course_schedule

- 1) _____
- 2) _____

Thank you for your application. **Please fax back form to the ATTN of PARTNER PROGRAM at 781-304-2410.**

A FAST Partner representative will be in touch with you in the next 21 days to review the status of your submission.