




Thank you for your interest in the CrossTec Partner Programs. We offer several flexible options to meet your needs and the needs of your customers. Please complete the below and return to CrossTec via fax (561-391-5820) or email [info@crosstecsoftware.com](mailto:info@crosstecsoftware.com). Once we have reviewed and processed your application we will be in contact.

**\* Note:** Enrollment in all CrossTec Partner Programs is limited to qualifying organizations.

 <b>About Your Company</b>			
Company Name: _____			
Address: _____			
City: _____	State: _____	Postal Code: _____	
Country: _____			
Year Founded: _____	# Employees: _____	# Sales Reps: _____	# Technicians: _____
Gross Revenue Last Year: _____		Proj. Gross Revenue This Year: _____	
Revenue Breakdown:			
% Software _____	% Hardware _____	% Training _____	
% Service/Support _____	% Other (specify) _____		
Customer Base:			
% Small-Med Business _____	% Corporate _____	% Fed Govt. _____	
% State/Local Govt. _____	% Education _____	% Other _____	
Existing Number of Customers: _____			

 <b>Contact Information</b>	
Primary Contact: _____	Secondary Contact: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

 <b>Business Model</b>	
Which description most accurately describes your business?	What geographic territory does your company service?
<input type="checkbox"/> System Integrator <input type="checkbox"/> System/Software Sales <input type="checkbox"/> Security Consultant <input type="checkbox"/> Managed Security Service Provider (MSSP) <input type="checkbox"/> Distributor <input type="checkbox"/> Internet Service Provider (ISP) <input type="checkbox"/> System/Software/Internet Consultant <input type="checkbox"/> Application Service Provider <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> What are your target markets? (Check all that apply) <input type="checkbox"/> Small/Mid <input type="checkbox"/> Large <input type="checkbox"/> Fortune 500 <input type="checkbox"/> Government <input type="checkbox"/> Other (Specify): _____

 Security Experience

Has your company ever sold security products or services? Yes  No

If yes, what types of security products or services have most of your customers purchased?

- Firewalls (specify): \_\_\_\_\_
- Intrusion Detection Systems (specify): \_\_\_\_\_
- Consulting Services (specify): \_\_\_\_\_
- Managed Security Services (specific): \_\_\_\_\_
- Virus Protection (specify): \_\_\_\_\_
- Encryption (specify): \_\_\_\_\_
- Authentication (specify): \_\_\_\_\_
- Content Inspection (specify): \_\_\_\_\_

What is your annual revenue from security products and services? \_\_\_\_\_

If you are interested in terms - please complete a CrossTec credit application so that we may complete the application process.

**Please note:** All orders and transactions are in US\$.

Thank you for your application.

 Authorized Signature

Sign:	Title:
Print:	Date: