

APPLICATION FORM

Section I: Company Information

1. Business Name:

Form:

Type:

Place of formation [State/Province]

Year of Formation/Incorporation:

Country

Name of the Chief Executive Officer:

Company website:

2. Contact Information:

Name of Primary Contact:

Telephone No. /Fax No.:

Street Address:

City:

E-mail Address:

Postal Code:

Country:

State/Province:

Note: For additional branch contacts, please attach an annexure to this form:

3. Please provide a brief description of your Company's products/Services:

(Please include what is unique about your products, services, areas of expertise, awards etc.)

4. Nature of Business (check all that apply):

Value added Reseller Hardware Vendor Systems/Network integrator Consulting firm

Professional Services Training Centre Independent software vendor Others

5. Please Indicate your Company's Gross revenue for the past 12 months (in Us \$): \$

6. Please Indicate the revenue Mix (totaling 100%) of your business

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Hardware Sales | <input type="checkbox"/> Software Product Sales | <input type="checkbox"/> Consulting | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Systems/Network Integration | <input type="checkbox"/> Training | <input type="checkbox"/> Custom Development | <input type="checkbox"/> Support |

7. Human Resource Information:

No. of full time employees:

Sales/Marketing personnel:

Technical consultants:

Trainers:

Functional Consultants:

Technical support:

8. Please specify the skill sets available:**Networking/Operating System :**

- | | | | | |
|---------------------------------|----------------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> MAC | <input type="checkbox"/> Windows | <input type="checkbox"/> Blackberry | <input type="checkbox"/> Apple | <input type="checkbox"/> UNIX/Linux |
| <input type="checkbox"/> Others | | | | |

Databases:

- | | | | | |
|--|---------------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Microsoft SQL | <input type="checkbox"/> Oracle | <input type="checkbox"/> Sybase | <input type="checkbox"/> IBM DB/2 | <input type="checkbox"/> Progress |
|--|---------------------------------|---------------------------------|-----------------------------------|-----------------------------------|

Technologies:

- | | | | |
|------------------------------------|------------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Microsoft | <input type="checkbox"/> Java/J2EE | <input type="checkbox"/> .Net | <input type="checkbox"/> Android |
| <input type="checkbox"/> IOS | <input type="checkbox"/> C++ | <input type="checkbox"/> PHP | <input type="checkbox"/> others |

Section II: Market Information**9. Customers and Competitors**

Major Customers:

Major Competitors:

10. Please List the number of customers under each customer profile:

- Small (1-99 employees) Medium (100-999 employees) Large (1000+employees)

11. Please specify your partners (check all that apply):

- Microsoft SAP EMC IBM DELL
 Oracle Sun Microsystems Google Lenovo
 SAMSUNG SAS Others

12. Please specify the industry vertical (s) in which your company operates:

- Manufacturing Retail & Distribution Service Industry BFSI
 TELECOM Government Others

13. Please Indicate 5 major geographical areas your company covers:

14. Please indicate promotional activities commonly used by your company. (Check all that apply)

- Seminar Direct mailers/Newsletters Telemarketing Product Demos/Presentations
 Trade Publications Tradeshows TV or Radio Webinars
 Email/Fax Broadcasts Internet(Pages/banners) User group meetings Others

Section III: Partnership Information:

15. Are you an existing partner of AdStringO?

- Yes No If Yes, please indicate the number of years of partnership.

16. Please indicate the AdStringO program which your company would like to participate.

- Reseller Partner Consulting OEM

17. How many full time sales resources does your company intends to dedicate for AdStringO?

18. Please Indicate the training method (s) used by your company (check all that apply):

On Site Classroom Web-Based Others

Information provided above is correct as per our Books and Records:

DECLARED & PARTNERSHIP SOLICITED BY:

Name of the Partner Company:

ACCEPTED& AGREED:

Name of the Principal Company:

AdStringO India Pvt Ltd

By:

Title:

Date

By:

Title:

Date

In the event of your partnership acceptance by AdStringO, The agreement will be sent to you in duplicate for signing up. Please fill the application form and send it to the following address within 14 days.

AdStringo India Pvt. Ltd.
F-34, Haware's Fantasia Business Park,
Plot-47, Sector 30A,
Vashi,
Navi Mumbai - 400703

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