



Channel Partner Program Application

Upon Completion, please fax to: 631.273.4240

You will be contacted within one business day to schedule product training and complete the Channel Partner registration process

Contact Information	
Primary Contact:	
Company:	
Address:	
City, State, Zip:	
Email:	
Phone:	
DISTRIBUTOR:	

Company Information	
President & CEO:	
Phone / Email:	
Primary Sales Contact:	
Phone / Email:	
Primary Technical Contact:	
Phone / Email:	
Number of Sales Personnel:	

Industry Information	
Do you specialize in a particular Industry/Application? Which?	
Do you cover a specific geographical region? Which?	

Please List Products Represented (Line Card):	
Product	Volume