



PARTNER APPLICATION

Thank you for your interest in Trinity Security System's partner program. For a swift registration process, please take a moment to fill out this application form. Then e-mail your completed application form to (mailto: us.sales@trinity-ss.com)
Or FAX it to: (408)-845-9365 ATTN: (M.PIRZADA/T-SS)

If you have any questions please do not hesitate to contact us at any of the following telephone numbers:

In North America: (408)-332-8364

In Japan: +81-3-5835-0287

All fields marked with (*) are required

*CHOOSE A PROGRAM:	<input type="checkbox"/> TECHNOLOGY	<input type="checkbox"/> SERVICE	<input type="checkbox"/> CHANNEL	<input type="checkbox"/> SOLUTION
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YOUR CONTACT INFORMATION			
*Your name (First, M.I.(if applicable), Last):			
*Company:	*Job title:		
*Job function:	Department:	*URL:	
*Business address:			
*City:	*State:	*ZIP Code:	
*Email:	*Office phone:	Mobile phone:	
*BILLING ADDRESS <input type="checkbox"/> SAME AS ABOVE			
Billing address:			
City:	State:	ZIP Code:	

YOUR COMPANY INFORMATION			
*Primary sales/service model: <input type="checkbox"/> Distributor <input type="checkbox"/> VAR <input type="checkbox"/> Reseller <input type="checkbox"/> Store Retailer <input type="checkbox"/> Online only <input type="checkbox"/> Other			
*Revenue projection for 2006:	2007:	2008:	
*Total annual revenues for 2005:	2004:	2003:	
*Sources of revenues in (%): <input type="checkbox"/> Software_____ <input type="checkbox"/> Hardware_____ <input type="checkbox"/> Service_____			

LEAD GENERATION					
Select those events in which your company participates on a regular basis:					
<input type="checkbox"/> Media advertising	<input type="checkbox"/> Seminars	<input type="checkbox"/> Webinars	<input type="checkbox"/> Trade shows	<input type="checkbox"/> Direct mail	<input type="checkbox"/> Referrals
Number of marketing events per quarter: _____					

STAFFING		
Number of staff, Please specify:		
Pre-sales technical:	Post-sales technical:	Field sales:
Inside sales:	Marketing:	Technical trainers:
Do you have a technical training facility? (<input type="checkbox"/> Yes, <input type="checkbox"/> No) - If (yes) than what is per-class student capacity? _____		

*COMPANY MARKET FOCUS		
Please check all that apply:-	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Technology	<input type="checkbox"/> Retail
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Finance	<input type="checkbox"/> Education K-12
<input type="checkbox"/> Colleges & Universities	<input type="checkbox"/> Federal	<input type="checkbox"/> State & Local
<input type="checkbox"/> Other (Please specify):		
*SERVICES OFFERED		
Please check all that apply:-	<input type="checkbox"/> Installation & Configuration	<input type="checkbox"/> Managed Services
<input type="checkbox"/> Help Desk/Phone Support	<input type="checkbox"/> Training	<input type="checkbox"/> Infrastructure Consulting
<input type="checkbox"/> Professional Services	<input type="checkbox"/> WLAN Design, Assessment	<input type="checkbox"/> Network Security Plan, Design, Optimization
<input type="checkbox"/> Other (Please specify):		
PARTNER REFERENCES		
(If any)- Please list your current technology partners:		

ANY ADDITIONAL COMMENTS
1.
2.

ADDITIONAL CONTACTS		
Name (First, M.I.(if applicable), Last):		
Job Title:	Email:	Phone:
Name (First, M.I.(if applicable), Last):		
Job Title:	Email:	Phone:
Name (First, M.I.(if applicable), Last):		
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