

Business Partner Application - Referrals

The information you provide in your application is very important. This information allows us to profile your company to better provide you with the tools you need to grow your business via Witty Manager products and services. Certain areas of this application are marked **Confidential**. Information contained in these areas will not be released to third parties.

Company Information

Legal Business Name: _____

Business Location: _____

Phone No.: _____ **Mobile No.:** _____ **Email Address:** _____
(Include the area code)

Company Type: Please indicate the description that most accurately describes your company (*check only one*):

Sole Proprietorship Partnership Corporation

Office Showroom:

Business Location: _____

Phone No.: _____ **Mobile No.:** _____ **Email Address:** _____
(Include the area code)

Mailing Address

Address: _____

Shipping Address

Address: _____

Company Contacts

President/Owner:

Name: _____ Title _____

Phone No.: _____ email address _____

Technical Contact:

Name: _____ Title _____

Phone No.: _____ email address _____

Sales/Marketing Contact:

Name: _____ Title _____

Phone No.: _____ email address _____

Revenue Please indicate your company's *approximate annual revenue (Confidential)*.

COMPANY'S PRIOR YEAR ANNUAL SALES: **TOTAL:** \$ _____

HARDWARE: \$ _____ **SOFTWARE:** \$ _____ **SERVICES:** \$ _____ **OTHER:** \$ _____

Employees

Number of full-time employees: Total: _____

Sales Rep: _____ Tech Rep: _____ Service Rep: _____ Other: _____

Software List ALL software products your company is selling or has sold and supports: *(only approximate numbers required for installs)*

Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____

Hardware List ALL hardware products your company is selling or has sold and supports: *(only approximate numbers required for installs)*

Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____

Services List ALL services your company has rendered and maintained.

Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____
Name _____	Years Carried _____	Number of Installs _____

Coverage

Provide any and all areas that you currently effectively service:

Provinces:

Cities:

Countries:

Technical Skills

	Weak					Strong				
<input type="checkbox"/> System Administration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	_____				
<input type="checkbox"/> Operating System	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	_____				
<input type="checkbox"/> TCP/IP Networking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	_____				
<input type="checkbox"/> Office Application	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	_____				
<input type="checkbox"/> SQL Server Application	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	_____				
<input type="checkbox"/> Programming Languages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	_____				
<input type="checkbox"/> Other _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	_____				

Marketing

What marketing vehicles does your company use to reach its target market?

(Please list the names of publications and/or trade shows as well as providing details where possible. Please also attach copies of any sample advertisements and/or campaigns to support your marketing efforts as well as to assist us with evaluating your application)

<input type="checkbox"/> Direct Mail	Details: _____
<input type="checkbox"/> Trade Shows	Details: _____
<input type="checkbox"/> Cold Call	Details: _____
<input type="checkbox"/> Tele-Sales	Details: _____
<input type="checkbox"/> Publications	Details: _____
<input type="checkbox"/> Seminars	Details: _____
<input type="checkbox"/> Others	Details: _____

Client Reference Please provide three (3) client references to assist us in appraising your ability to provide both solutions that meet your client's requirements as well as your ability to provide ongoing support to your client base.

The information that you provide will be deemed to be Commercial in Confidence and as such will not be used in any way by this company except by way of obtaining a client reference:

1)
 Client: _____ Contact Name: _____
 Telephone: _____ Solution: _____

2)
 Client: _____ Contact Name: _____
 Telephone: _____ Solution: _____

3)
 Client: _____ Contact Name: _____
 Telephone: _____ Solution: _____

General Information Tell us anything else about your company that could help us serve you better (attach separate sheet if necessary):

- I agree, if this application to be an Authorized Witty Manager Reseller is successful, to comply with the current standard program requirements in the Witty Manager Reseller Program including if applicable, without limiting the foregoing, requirements for the distribution of speciicore or vertical modules of the Software, support, shipping and payment terms, product and services prerequisites, certiiication and authorization, minimum sales volumes, customer acquisition levels and payment of applicable fees. I also accept that the Partner Witty Manager Reseller Program may be changed at anytime at the sole discretion of Witty Manager Korea by way of standard channel notification mechanisms.
- I have completed this application to the best of my knowledge and I have authority to complete and submit this application on behalf of the entity detailed in the application.

Name: _____ Date: _____

Signed: _____ Position: _____

You must submit this application to:

10, Yeonmujang 11-gil, Seongdong-gu, Seoul, Republic of Korea

Email: info@wittymanager.com or visit: www.wittymanager.co.kr