



When you're serious about Security

SECNAP Channel One Partner Application

Thank you for your interest in becoming a Reseller Partner of SECNAP® Network Security Corporation. Please complete the following application and return to SECNAP by fax to 561-999-5801, by email to contracts@secnap.com, or by mail to 6421 Congress Avenue, Suite 206, Boca Raton FL 33487.



Program Requirements

- Provide business-computing solutions to end-user customers as your primary focus.
- Provide first-level pre-sales and post-sales services for your customers.
- Purchase products through SECNAP authorized distributors or from SECNAP Network Security.
- Maintain technically proficient support staff with demonstrated experience in network systems.
- Complete and submit *Application* form.
- Complete and submit *Agreement* form.

Program Benefits

- **Leads.** SECNAP generates leads through a wide range of marketing initiatives. Prequalified leads are distributed to our partners based on areas of expertise, regions and sales commitments.
- **Exclusive Promotions.** Partners can take advantage of SECNAP product or pricing promotions designed exclusively for SECNAP Channel One Partners.
- **Deal Registration.** Channel One Partners may register deals to secure additional Margin.
- **Discounted NFR Units.** Partners may purchase one unit of each SECNAP SpammerTrap product at a 50 percent discount for internal use or for demonstration in partners' labs.
- **Communication.** Channel One Partners receive the latest information on products, technical enhancements, promotions, news, industry trends and more in an easy-to-access electronic format.
- **Training.** Channel One Partners have access to onsite or web-based sales and technical product training.
- **Priority Technical Support.** Partners receive priority status for phone and online technical support.
- **Joint Account Calls.** SECNAP sales representatives and engineers are available to make joint account calls.

Please review the Application in its entirety. This form is designed to give SECNAP a clear picture of your business. The time that you invest in completing this Application will help us develop an effective and mutually rewarding relationship. In order to avoid delays in processing, please complete this Application thoroughly.

Upon acceptance of your Partner APPLICATION, we will provide you with the SECNAP Channel One Partner Program AGREEMENT for your signature.

SECNAP Channel One Partner Application

Please TYPE or PRINT clearly the following information for SECNAP review. All information is strictly confidential.

1. Company Information

Company Name: _____

Tax ID #: _____

Reseller ID #: _____

(Please attach a copy of Reseller Tax Exempt Certificate.)

Corporation

Partnership

Subsidiary or Branch Office

Sole Proprietorship

Year Established: _____

DUNS #: _____

1a. Mailing and Billing Address:

Address 1: _____

Address 2: _____

City, State, Zip, Country: _____

1b. Shipping Address (No P.O. Boxes):

Address 1: _____

Address 2: _____

City, State, Zip, Country: _____

Primary location listed above? Yes No **Branch locations?: Yes No How many: _____

**Please provide list of locations on an attached document

2. Contact Information

Primary Telephone #: _____ Fax #: _____

Website URL: _____

Principal Contact: Title: _____

Phone # and Email Address: _____

Technical Contact: Title: _____

Phone # and Email Address: _____

Sales Contact: Title: _____

Phone # and Email Address: _____

Accounts Payable Contact: Title: _____

Phone # and Email Address: _____

3. Business Profile

3a. What is your approximate annual sales revenue? \$ _____

3b. What percentage of total revenues is contributed by the following items?

Hardware Sales:	_____%	Help Desk/Online Support:	_____%
Software Sales:	_____%	Network Installation/Support:	_____%
Services:	_____%	Consulting:	_____%
Software Development:	_____%	Training:	_____%

3c. Which of the following best describes your primary business?

Storefront/Retail Reseller VAR	Online Reseller Software Developer Systems Integrator	Consultant Software Integrator Network Integrator
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3d. What is your target customer?

Small Business (1-100 users) Medium Business (100-2,000 users) Enterprise Business (2,000+ users)

3e. What vertical markets are your primary focus?

Legal Financial/Banking Retail	Transportation Healthcare Gov-SLED	Manufacturing Communications Gov-FED	Education (K-12) Education (Higher)
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3f. What is your geographical coverage?

Local Regional National International

3g. How many sales representatives does your company have? _____

3h. How many full-time technical service representatives does your company have? _____

3i. What other anti-spam solutions does your organization currently sell?

Bright Mail Barracuda	ProofPoint Postini	SOPHOS IronPort	Other: _____
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3j. What vendor authorizations does your organization hold?

Microsoft (Level: _____)	SUN	Red Hat
3Com	Novell	Juniper
Cisco	Intel	IBM
EMC	HP	

3k. What technical certifications do your technical staff hold?

A+	HP	IBM	Intel	Linux	Cisco
3Com	Juniper	Microsoft	Novell	SUN	SCO

3I. What value-added services do you provide:

Network Integration
IMAC
Other: _____

IT Security
Web Hosting

Network Monitoring
e-Commerce

Storage
Training

4. Business Description

Provide a brief description of your business:

5. Application Review

This Channel One Partner **Application** is being submitted for the sole purpose of becoming a SECNAP Channel One Partner. The Applicant understands and agrees that this Application does not ensure the Applicant will be chosen as a Partner. If you have questions, contact SECNAP at contracts@secnap.com.

Upon acceptance of this Application, a Channel One Partner Program **Agreement** will be sent for your signature and return.

6. Authorized Signature

By signing below, the Applicant warrants that they have the authority to submit this information for the purpose of entering into an agreement and that the information provided in this Application is accurate and true. If the information is determined to be inaccurate, the Applicant acknowledges and agrees that SECNAP, at any time and at its sole discretion, may terminate the Applicant as a SECNAP Partner. Furthermore, Applicant agrees to keep their profile information updated if it changes, or as requested from time to time by SECNAP Network Security.

Signature: _____ Title: _____

Name (*print*): _____ Date: _____

Return completed Application to SECNAP by fax at 561-999-5801, by email to contracts@secnap.com, or by mail to 6421 Congress Avenue, Suite 206, Boca Raton FL 33487.

For SECNAP Internal Use Only

7. Application Submission

Application Received Date: _____ Initials: _____

Application Approved Date: _____ Initials: _____

Signed Partner Agreement Sent Date: _____ Initials: _____

Signed Partner Agreement Received Date: _____ Initials: _____

Approved By: _____ Date: _____ Assigned Customer Code: _____