

## BOXX Value-Added Reseller Application

This application provides information to BOXX Technologies about companies interested in joining our Value Added Reseller (VAR) program as an authorized reseller of BOXX products. Information on this application is considered strictly confidential and will be used only pursuant to the authorization of the company named below. This application does not, in any way, imply or constitute a contractual agreement between BOXX Technologies and the applicant.

### I. General Information

#### Corporate

Legal Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

Corporation, Partnership, or LLC? \_\_\_\_\_

#### Company Principals

Name, Title, Email: \_\_\_\_\_

Name, Title, Email: \_\_\_\_\_

Name, Title, Email: \_\_\_\_\_

#### Key Contacts

Sales (name, title, email) \_\_\_\_\_

Marketing (name, title, email): \_\_\_\_\_

Service (name, title, email): \_\_\_\_\_

Accounting (name, title, email): \_\_\_\_\_

Total number of people on your staff: \_\_\_\_\_

Total Number of Service People: \_\_\_\_\_

### II. Business Information

What was your sales volume in last year and the year prior? \_\_\_\_\_

Describe your target markets, and related geographic territory:

#### Do you currently represent (Check all that apply)

Autodesk

Adobe

V-Ray (Chaos Group)

Sony

The Foundry

Wacom

Fusion 10

VizRT

Houdini (Side Effects Software)

Massive

RealFlow

ZBrush (Pixologic)

Motion Analysis Corp

Thinkbox Software

AVID

Ulead

#### What markets comprise your selling profile, and what percentage (approx.) is each of your total sales?

Broadcast TV \_\_\_\_\_%

Corporate \_\_\_\_\_%

Commercial Production \_\_\_\_\_%

Educational \_\_\_\_\_%

\_ Government \_\_\_\_\_%

\_ Medical \_\_\_\_\_%

\_ Video \_\_\_\_\_%

**What types of support do you offer your customers? (Check all that apply)**

- On-site technical
- Newsletter
- Technical hotline
- Seminars
- Product training
- Consultation
- Maintenance
- Customer Service
- Other

**III. BOXX Business Plan (Check all that apply)**

If approved, what BOXX-related marketing activities do you plan for the coming year?

- Seminars
- Open House
- On-site Demonstrations
- Direct Mail
- Advertising
- Other (please explain)

**IV. Financial Information**

Please attach a copy of your current financial statements (on official company letterhead) to this application, and include any other relevant documents.

**Bank Name/ Address:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**V. Conclusion**

**Submitted by:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Printed) \_\_\_\_\_

Title: \_\_\_\_\_

**Please email this application and attachments to:**

BOXX Technologies, Inc.

4616 W Howard Ln Suite #105

Austin, TX 78728

Tel: 512-835-0400

Fax: 512-835-0434

Email: resellers@boxxtech.com

Attn: Business Development Manager