

It is important to us to develop strong relationships with respected and established resellers as we limit the number of resellers and support partners that serve any particular region. Our product philosophy is to deliver industry-leading functionality at an excellent price, making it easy for you to sell our products, and providing you with new sources of revenue.

As our end customer will need experienced and informed sales service, product installation, and ongoing support, the Accurate Always/ Reseller team is very much a partnership. We look forward to working with you and to our mutual success. Please complete and mail or fax this application so that we may assess your unique strengths.

Company Name _____ Phone _____

URL _____ FAX _____

Address _____

City _____ State _____ ZIP _____ Country _____

Annual Sales (USD) _____ EIN _____ DUNS _____

Percentage of Sales in Telephony _____ # Employees _____

What territory do you cover? _____

Names of Officers/Partners _____

_____ Title _____

_____ Title _____

_____ Title _____

What experience do you have in selling and / or supporting call recording solutions? _____

What are your strengths in selling solutions to Call Centers, ATC, Public Safety, Legal, Healthcare or another specific industry that you wish to resell the Voxida Call Recording Platform to? _____

What other call recording platforms have you sold and / or supported in the past? _____

What other call recording hardware or software lines do you currently represent? _____

Who are the primary VAR/OEM/Distributor or reseller competitors in your territory? _____

Tell us a little about your organization. How many people are involved with:

Sales	Support	Technical	Management
Training	Engineering		

What PBX platforms do you sell and / or support?

Are you interested in becoming an Authorized Reseller, Support Partner, or both?

How many of your people are MCP/MCSE qualified?

How do you see your business changing in the next year as you adjust to changes in the marketplace?

Anything else you want to tell us?

Name of Person completing form: Title

Phone Email