

# Telsource Service Partner Program Application

In today's challenging network environment, resellers are always striving to bring more value to their customers. Providing an ever-expanding range of quality products and services, while controlling costs and maintaining control, is at best a daunting task. Telsource's Service Partner Program allows you to add installation, maintenance and monitoring components to your resale mix, without building your own costly infrastructure. If you are interested in becoming a Telsource Service Partner, please complete and return this application by the fax number or address shown below. We appreciate your interest in Telsource Corporation and look forward to hearing from you. Thank you for taking the time to complete the information below. Please fax or mail completed three-page form to:

ATTN: Telsource Marketing Department

FAX: (440) 234-9533

ADDRESS: Telsource Corporation  
8237 Dow Circle  
Strongsville, Ohio 44136-1795

## Company Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Web Site (URL): \_\_\_\_\_

State of incorporation: \_\_\_\_\_

Year of incorporation: \_\_\_\_\_

Technical and Professional Certifications (e.g. ISO): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Contact Information:

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

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

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

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

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

## Your Primary Business:

(Check all that apply)

- Telephony Integrator/VAR
- Systems Integrator/VAR
- Network Integrator/VAR
- IT Consultant
- Telecommunications/Internet

## Do You Currently Resell:

(Check all that apply)

- |  |             |                                       |                                      |                                     |
|--|-------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Routers                   | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Integrated Access Devices | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> DS1-DS3 Multiplexers      | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Fiber Optics              | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> IP/PBX                    | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Key Systems/PBX           | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Servers                   | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Operating Systems         | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Modems                    | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> UPS                       | with:       | <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Carrier Services          | which ones: | _____                                 |                                      |                                     |

Other: \_\_\_\_\_

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## Markets/Industries You Sell To:

(Check all that apply)

- Insurance
- Financial
- Retail
- Government
- Education
- Hospitality
- Transportation
- Technology
- Utilities
- Telecommunications
- Other: \_\_\_\_\_

**Primary Geographic Territory You Sell To:**

\_\_\_\_\_ Entire USA  
\_\_\_\_\_ Specific State (s) Please list state (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ International Please list country (s): \_\_\_\_\_  
\_\_\_\_\_

**Number of employees:** \_\_\_\_\_

**Annual sales:** \_\_\_\_\_

To the best of my knowledge, the above information listed is a correct representation of my business and its capabilities.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<p><b>For Office Use Only:</b> Reviewed By: _____ Date: _____</p>
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