



Authorized Reseller Application

Thank you for your interest in becoming a Clementronics Authorized Reseller. By completing the following application form, you will begin the process of becoming a member of Clementronics community.

Clementronics products represent a unique opportunity for you to differentiate your organization from the competition in technology solutions that you provide your customers and the Clementronics Reseller Program arms you with the tools to pursue this exciting opportunity!

Program Requirements:

- Be a certified product reseller.
- Provide first-level pre- and post- sales service and support to your customers.
- Provide first-level technical support to your customers.
- Purchase products directly through Clementronics and pay Clementronics invoices on a timely basis
- Maintain technically proficient sales and support staff, with demonstrated experience in the said field.
- Provide completed surveys to Clementronics periodically throughout the contract term.
- A completed "Authorized Reseller Application."
- A signed and approved "Authorized Reseller Agreement."

Program Benefits:

- An excellent and unique line of products.
- Listing on clementronics.com as an authorized reseller.
- Sales and marketing training and support
- Technical support
- Sales leads
- A fair and reliable channel conflict resolution process
- A minimum 20% discount on Clementronics products with additional discounts for volume purchases and achieving annual sales goals
- Additional benefits to be added over time

This application form is designed to give Clementronics a clear picture of your business. The time that you invest in completing this form will help us determine your eligibility and develop our relationship with you. In order to avoid delays in processing, please fill-out this application completely and provide all requested collateral materials.

Clementronics looks forward to building a mutually beneficial working relationship and having your organization as a Clementronics Authorized Reseller.



Clementronics Authorized Reseller Application

*Please TYPE or PRINT clearly the following information for Clementronics review.
All information will be kept 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: _____

1a. Mailing and Billing Address:

Address 1: _____

Address 2: _____

City:

State or Province:

Zip or Postal Code:

Country: _____

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

Address 1: _____

Address 2: _____

City:

State:

Zip:

Country: _____

Is this the primary location? ☐ Yes ☐ No Are there branch locations?: ☐ Yes ☐ No How many: _____

(Please provide list of locations on an attached document.)

2. Contact Information:

Primary Telephone #:

Fax #:

Web Site URL: _____

Principal Contact:

Title: _____

Phone #:

E-mail Address: _____

Technical Contact:

Title: _____

Phone #:

E-mail Address: _____

Sales Contact:

Title: _____

Phone #:

E-mail Address: _____



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3. Business Profile

3a. What is your approximate annual sales revenue?

☐ \$1M ☐ \$1M - \$5M ☐ \$5M - \$10M ☐ \$10M

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

☐ Dealer/Storefront/Retail ☐ Distributor ☐ VAR ☐ Catalog Reseller ☐ On-line Reseller
☐ Other _____

3c. What is your primary target customer?

☐ Small Business (1-100 employees) ☐ Medium Business (100-500 employees) ☐ Enterprise Business (500 + employees)
☐ Home owners ☐ Other resellers

3d. What vertical markets are your primary focus?

☐ Agriculture ☐ Aviation ☐ Construction (Commercial) ☐ Construction (Industrial) ☐ Construction (Residential)
☐ Education ☐ Facility Management ☐ Government (local) ☐ Government (State) ☐ Government (Federal)
☐ Hospitality (Bars & Restaurants) ☐ Hospitality (Hotels & Motels) ☐ Health/Medical ☐ Manufacturing
☐ Marine ☐ Residential ☐ Retail ☐ Sports (Arenas, Golf, Stadiums) ☐ Transportation
☐ Other _____

3e. What is your primary geographical coverage?

☐ Local ☐ Regional (describe) _____ ☐ National
☐ International (list countries) _____

3f. How many sales representatives does your company have?

☐ 1 - 3 ☐ 4 - 8 ☐ 9 - 15 ☐ 15

3g. How many full time technical service and support representatives does your company have?

☐ 1 - 3 ☐ 4 - 8 ☐ 9 - 15 ☐ 15

3h. What other manufacturers' products do you sell and support?

(1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____



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4. Business Goals

Describe your business goals for the Clementronics product line (Include any separate documentation that would be helpful):

- ☐ A major new product line addition
- ☐ A minor new product line addition
- ☐ A unique product line addition
- ☐ A complimentary product line addition
- ☐ Will allow you to better serve existing customer base
- ☐ Will allow you to serve new customers
- ☐ Expected annual sales of \$50,000 to \$100,000/year
- ☐ Expected annual sales of \$100,000 to \$250,000/year
- ☐ Expected annual sales of \$250,000/year

5. Marketing

5a. What percentage of revenues do you spend on marketing? ☐ 2% ☐ 2% - 5% ☐ 5% - 10% ☐ 10%

5b. How do you market your products and company?

- ☐ Company web site (URL: _____)
- ☐ Google (or Yahoo etc.) adds
- ☐ Printed catalog
- ☐ Print advertising (Journals in last 12 months: _____)
- ☐ Direct mail
- ☐ Telesales
- ☐ Newsletter
- ☐ Tradeshow participation (Shows in last 12 months: _____)
- ☐ Other (Please describe: _____)

6. Communications

6a. Which are your preferred methods of vendor communications (please rank 1-3)?

____ Hard copy ____ Telephone ____ E-mail ____ Fax ____ Web

6b. Which trade journals do you read to learn about new products and industry news?

- (1) _____ (2) _____
- (3) _____ (4) _____
- (5) _____ (6) _____

6c. Which trade shows do you attend to learn about new products and industry news?

- (1) _____ (2) _____
- (3) _____ (4) _____



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7. Application Review

This application is being submitted for the sole purpose of becoming Clementronics Reseller. The Applicant understands and agrees that this application does not ensure that the Applicant will be chosen as an Authorized Reseller/Partner.

If you have questions, contact Clementronics Sales at: Sales.partners@clementronics.com

P.O Box 543
Lithia Springs, GA 30122
Phone: 678-402-8855

All sections of this application must be filled out in whole. Incomplete applications will not be processed.

8. 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 for the submitting organization and that the information provided in this Clementronics reseller application is accurate and true. If the information is determined to be inaccurate, the applicant acknowledges and agrees that Clementronics, at any time and at its sole discretion, may terminate the applicant as Clementronics Authorized Reseller. Furthermore applicant agrees to keep their profile information updated if it changes or as requested from time to time by Clementronics.

Signature: _____ Title: _____

Name (print): _____ Date: _____

9. Application Submission

- 9a. Application Check List:
- ☐ Completed Reseller Application (this document)
 - ☐ Copy of Reseller Tax Exempt Certificate (if applicable)
 - ☐ 2 years Financial Statements

9b. Send completed application package and agreement to:

FAX: # 770-881-7299

or mail to: sales.partners@clementronics.com

or Reseller Channel Manager
Clementronics, llc.
3565 Austell Rd., Suite 1005
Marietta, GA 30008

Clementronics Support Center
2727 Skyview Drive #66,
Lithia Springs, GA 30122

For Clementronics internal use:

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

☐ Reseller agreement sent to applicant. Date: _____ Initials: _____

☐ Reseller agreement received from applicant. Date: _____ Initials: _____

☐ Other: _____