



# Reseller Application

## Company Information

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Key Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ : \_\_\_\_\_ Fax: \_\_\_\_\_ email address: \_\_\_\_\_

### Additional Locations:

Please list all sales office locations for which you applying for authorization

Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

\*Please attach additional sheets if necessary

### Name(s) of other key contacts:

Sales Manager: \_\_\_\_\_  
 Application Editor/Animator: \_\_\_\_\_  
 Technical Support: \_\_\_\_\_  
 Marketing Support: \_\_\_\_\_

### Type of Operation:

<input type="checkbox"/> RetailStore	<input type="checkbox"/> Direct Sales office	<input type="checkbox"/> Mail order	<input type="checkbox"/> Other _____
Number of total employees: _____ % in sales _____ % in support/training _____ % in telesales			
Years in Business: _____ Previous years sales (\$) volume: _____			
Geography covered: _____			

### Sales Mix:

Video _____	Broadcast _____ %	Bus./Industry _____ %	Gov't _____ %	Education _____ %
Audio _____	Animation/Effects _____	Training _____	System Integration _____	_____ %

**Product Information**

Product Lines that you currently sell

Product lines: \_\_\_\_\_  
\_\_\_\_\_

Hardware platform:  MAC  PC  SGI  Other \_\_\_\_\_  
\_\_\_\_\_

Software applications you currently sell

List major software lines: \_\_\_\_\_  
\_\_\_\_\_

Describe your post sales support programs: \_\_\_\_\_  
\_\_\_\_\_

How do you currently market your product lines? \_\_\_\_\_  
\_\_\_\_\_

What market do you plan to focus on with Avid's products?

- Production  Post Production  Broadcast  Federal  Education  Graphics/Effects/Animation  
 Other \_\_\_\_\_

Principal responsible for completion of this application

Title