

## VuWall Authorized Reseller Application Form

To become a VuWall authorized reseller, please download and complete this application form. Once you complete the form, please email it to your VuWall representative or simply click on the SUBMIT button at the end of the form. We look forward to working with you!

### COMPANY INFORMATION

Legal Business Name			
Subsidiary Businesses (including international)			
Address (HQ)			
City	State/Province	Zip Code	Country
Website URL			
Number of offices	Locations of other offices		
What geographical areas do you serve?			

### CONTACT INFORMATION

Name of Main Contact for Reseller Agreement	Email	Phone
Procurement: Contact Name	Email	Phone
Accounts Payables: Contact Name	Email	Phone
Controller's Name	Email	Phone
Marketing: Contact Name	Email	Phone
Service - Technical Support: Contact Name	Email	Phone

## BUSINESS INFORMATION

Describe your business
What is your unique value proposition?
How long have you been in business?
How many employees do you have?
How many salespeople do you have?
What is your market type? <input type="checkbox"/> AV <input type="checkbox"/> IT <input type="checkbox"/> Security
What market verticals do you serve?
Which verticals are your primary focus?
What is your company's annual revenue?
What is your average annual revenue for VuWall-type solutions such as video wall controllers, AV over IP distribution systems, etc.)?
What is your average project size? (in dollars)
Who are your main competitors?

## PARTNERSHIP

<p>Are you an authorized reseller for other</p> <p><input type="checkbox"/> Video wall controller manufacturer(s)? Which one(s)? _____</p> <p><input type="checkbox"/> AV over IP solution manufacturer(s)? Which one(s)? _____</p> <p><input type="checkbox"/> Central management control solution manufacturer(s)? Which one(s)? _____</p> <p><input type="checkbox"/> None of the above</p>
Why do you want to become a VuWall reseller?
<p>What are your primary product(s) of interest?</p> <p><input type="checkbox"/> Hybrid video wall controllers ( physical inputs &amp; outputs and IP sources and IP encoding)</p> <p><input type="checkbox"/> AV over IP video wall and distribution</p> <p><input type="checkbox"/> KVM</p> <p><input type="checkbox"/> Central management solution</p>

What are the primary use cases you are looking to serve with VuWall solutions?  Control Rooms Collaboration Rooms Corporate Signage Other: _____
How did you learn about VuWall?

## EXPECTATIONS

What kind of technical support would you expect from VuWall?
What kind of Pre-Sales support would you expect from VuWall?
What kind of Post-Sales support would you expect from VuWall?
Would you agree to get certified on VuWall solutions within the first 3 months?
Do you have an internal technical support team?
What is your marketing plan to promote and sell VuWall solutions? <i>e.g. Brochures, Website, Newsletter, Social Media, Tradeshow, Webinars, etc.</i>
What is your sales commitment for VuWall Solution for the next 12 months?

**Thank you for completing this form. Please email it to your VuWall representative or click the **SUBMIT** button below to email your form to [sales@vuwall.com](mailto:sales@vuwall.com).**

**We look forward to working with you!**