

MARKETING INFORMATION

<p>Marketing Point of Contact</p> <p>Name: Phone: Fax: E-Mail: FTP Address:</p>	<p>Description of Company:</p>
<p>Current Marketing Initiatives</p> <p>Print (List Publications): Internet (List Sites): Radio : Television : Tradeshows (List Shows and Cities) :</p>	<p>Do you offer Co-Op Marketing Funds: <input type="checkbox"/> Yes <input type="checkbox"/> No Will you participate in joint marketing efforts: <input type="checkbox"/> Yes <input type="checkbox"/> No Does your company hold any certifications: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please describe your products and services:</p>	<p>List three competitors and how you differentiate your company from them:</p>
<p>What value will you bring to Germane Systems, LC and our product line?</p>	<p>Why do you want to become a Channel Partner with Germane Systems, LC?</p>

PARTNER PROFILE QUESTIONNAIRE

Level 4

PRODUCT & SERVICE INFORMATION

What category best describes your primary company offering?

- Accessories/Supplies Displays/Projectors/VTC
- Imaging Storage/RAID Software IT Security
- Technical Support Workstations Servers
- Warranty Power/Racks/Mounts Wireless/Satellite
- Networking LAN/WAN Other:

Support Information

Do you provide:
 24x7 Please list complimentary products & services to those offered by Germane Systems, LC:
 Tech-Support Help Desk: Yes No
 On-Site Support (Install/Repair/Troubleshoot: Yes No
 Personnel for Design & Implementation Services: Yes No
 Cleared Personnel: Yes No
 Certified Program Managers: Yes No
 Engineers with Certifications: Yes No
 If yes, please list:

Please list ALL complimentary products & services to those currently offered by Germane Systems, LC:

Please describe your Warranty Program:



CONTRACT VEHICLE INFORMATION

Do you currently hold a GSA Section 70 GSA Schedule: Yes No

If Yes, please list Contract Number:

Do you currently have a CAGE Code?: Yes No Code:

Do you currently hold other Government Contract Vehicles? Yes No

Contract Vehicle & Type	Contract Number

NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) CODE

Enter the 6 digit NAICS Code(s) that you currently hold:

The NAICS Code listings can be found at the Internet site: <http://www.census.gov/epcd/www/naics.html>.

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE

Enter the 2,3, or 4 digit NAICS Code(s) that you currently hold:

The SIC Code listings can be found at the Internet site: <http://www.osha.gov/pls/imis/sicsearch.html>

PARTNER PROFILE QUESTIONNAIRE

Level 4

SALES & CHANNEL INFORMATION

Sales Point of Contact		Do you sell directly to the Government End-User? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: Phone: Fax: E-Mail:			
Are you a Channel Partner with another OEM?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Percentage of TOTAL sales through resellers:	
If Yes, please list:		Percentage of TOTAL sales direct to the Government:	
Do you currently offer any competitive products (either with your company or through a Channel Partner?): <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please list:			
Briefly describe your sales department's structure:			
Please list major accounts that you have strong relationships with:		Please list major Government programs you are currently associated with:	
Sales Associates			
Name & Title	Territory	Phone	E-Mail Address

PARTNER PROFILE QUESTIONNAIRE

Level 4

FINANCIAL INFORMATION

Company Information

Business Structure: Corporation LLC Partnership Proprietorship Division/Subsidiary

Parent Company:

Taxable: Yes No (If tax exempt, please include a copy of tax exemption certificate)

Federal ID Number:	Reseller Number:	Dun & Bradstreet Number:
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Principle Partners, Owners, & Stockholders

Name/Title:

Name/Title:

Name/Title:

Bank Credit Information

Bank Name:	Account Number:
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Contact Name:	Account Type:
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Address:	Telephone Number:
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Trade Credit References

Name:	Telephone/Contact:
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Address:	Account Number:
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Name:	Telephone/Contact:
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Address:	Account Number:
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Name:	Telephone/Contact:
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Address:	Account Number:
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THE UNDERSIGNED AUTHORIZES RELEASE OF ALL CREDIT AND BANK INFORMATION REQUESTED AND FURTHER TESTIFIES THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE. GERMANE SYSTEMS, LC WILL MAINTAIN THE CONFIDENTIALITY OF ALL INFORMATION CONTAINED WITHIN THIS DOCUMENT.

Authorized Representative of

Name:

Title:

Date:

Authorized Representative of Germane Systems, LC

Name:

Title:

Date:

Signature

Signature