



APPLICATION FORM

For Internal Use

| | |
|--------------------|--|
| NC SP Number | |
| Authorization Date | |
| By | |

| | | | |
|-----------------|------|----------------|--|
| Date | | | |
| Company Name | | Contact | |
| Address | | | |
| City | | State/Province | |
| Zip/Postal Code | | Country | |
| Telephone | Ext. | Fax | |
| Email address | | Web Site | |
| URL | | | |

Please select a Solution Provider Type

X **Reseller** – discounts on NC products – you purchase and resell

| | | | | |
|---|--|---|--|-------------------------------------|
| Nature of Business | <input type="checkbox"/> Accountant | <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> VAR | <input type="checkbox"/> Consultant |
| Other (please describe) | | | | |
| Years in Business | | Number Employees | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 |
| | | | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 20+ |
| Type of integration services offered | <input type="checkbox"/> Recommend | <input type="checkbox"/> Purchase & Integrate | <input type="checkbox"/> Integrate Only | <input type="checkbox"/> Other |
| Types of clients serviced (click all that apply) | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail | <input type="checkbox"/> VAR | <input type="checkbox"/> Consultant |
| How did you hear of NumberCruncher? | <input type="checkbox"/> Web | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> IDN Marketing Group | |
| | <input type="checkbox"/> QuickBooks | <input type="checkbox"/> Trade Show | <input type="checkbox"/> Other: _____ | |
| | Marketplace | | | |

Additional Support / Consultant Representatives

| Name | Email | Title | Tel # / Extension |
|------|-------|-------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I certify that as an authorized representative of the Company Name specified above, that the information contained herein is true. I further acknowledge that I have read and accept the Terms as outlined at www.numbercruncher.com/solprov/tandc.html

| | | | |
|------------------|--|--------------|--|
| Name | | Title | |
| Signature | | Date | |

Fax completed form to 954-212-2964. For more information, please call 1-866-278-6243