



Coverage Partner Program Application Form

To apply for authorization as a Coverage Partner please complete this form and return by email or fax to
MARATEL VENEZUELA Distributing at (58-261-7180327)

Contact Information:

Company: _____

Address: _____

City: _____ State: _____ zip code: _____ Country: _____

Main Tel #: _____ Toll Free #: _____ Fax #: _____

Fed Tax ID: _____ Reseller ID: _____

Primary Contacts:

Partner/CTO: _____ E-mail _____ Phone _____

Partner/CEO: _____ E-mail _____ Phone _____

Marketing Manager: _____ E-mail: _____ Phone: _____

Technical Manager: _____ E-mail: _____ Phone: _____

Please nominate a primary contact for communications regarding the Coverage Partner Program:

Primary Contact _____ E-mail: _____ Phone: _____

Company Background:

1. How many years has your company had a networking focus? _____

2. How many years has your company had a telephony focus? _____

3. Please estimate your annual revenue: _____

4. What is the total number of company employees? _____

5. What is the number of employees dedicated to: _____

Sales: _____ Support: _____ Networking products: _____ Wireless Products: _____ Installations _____

6. How many of the above-mentioned employees have technical certifications from:

Proxim Harris IBM SUN HP Cisco Other

7. Please list certification types: _____

Business Focus:

1. What is your vertical market focus? (Please check all that apply)

Small/Medium Business Education Fortune 1000 Utilities

State Local Government Federal Government Healthcare Other

Other please list: _____

2. Which of the following best describes your business type? (Please check all that apply)

VAR/Dealer Network Integrator Vertical Market Specialist

Internet Service Provider OEM Government Systems Integrator

Consulting Services Provider Systems Integrator Other _____

Product Sales Focus:

1. Do you resell other outdoor wireless products? YES NO
 If Yes, which companies? Proxim Alvarion Trango Cisco Ceragon lowave Other _____
2. What (%) of your business is generated from?
 Network Hardware: ___ % Wireless WAN: ___ % Telco: _____ %
 Wireless LAN: ___ % Telephony: _____ % Software & Services: _____ %
3. What (%) of your business do you sell direct to End Users? ___ %
4. On average how many new networks do you install per month? _____
5. Who at the end user's site is primarily involved in purchasing your company's products & services?
 CTO IS Manager Executive Business Mgt. Divisional IS Management Other Any _____
6. Where do you purchase the majority of your networking products? _____
7. What networking solutions and / or networking hardware (Cisco, Nortel, 3Com, Extreme Networks etc.) does your company sell and (%) of sales?
- | Company | % of Sales |
|---------|------------|
| _____ | ___ % |
| _____ | ___ % |
| _____ | ___ % |

Services and Programs Focus:

1. Which operating environments do you support? (Linux, Unix, etc) _____
2. Which hardware platforms do you sell and support? (IBM, Compaq, Apple, etc) _____
3. What kind of services do you provide to your customers?
- | | | |
|--|---|--|
| <input type="checkbox"/> Product selection | <input type="checkbox"/> RF Planning | <input type="checkbox"/> Sales support |
| <input type="checkbox"/> Financing/Leasing | <input type="checkbox"/> Training | <input type="checkbox"/> Site Surveys |
| <input type="checkbox"/> Network Design | <input type="checkbox"/> Network Configurations | <input type="checkbox"/> Infrastructure Installation |
| <input type="checkbox"/> PC Staging | <input type="checkbox"/> Technical Support | <input type="checkbox"/> Hardware Maintenance |
| <input type="checkbox"/> Onsite Repair | <input type="checkbox"/> Custom Development | <input type="checkbox"/> User Training |

3. Partner Level Applying:

- Authorized Canopy Solutions Provider (Must commit to all areas outlined in the Coverage Program Package)**
 Quarterly Volume sales-Sales and Technical expertise-RF and Networking expertise, Services and Training, etc. Please refer to the Motorola Canopy Coverage Program Package.
- Authorized Canopy Reseller (Must commit to all areas outlined in the Coverage Program Package)**
 Sales and Technical Training, Networking expertise, etc. Please refer to the Motorola Canopy Coverage Program Package.

Acceptance:

By signing this application I am requesting participation in the Motorola Canopy Partner Program and hereby agree to:

- Promote the sales and service of Motorola Canopy to my target market.
- Do what is required to become a Motorola Canopy Coverage Partner.
- Allow email and other communication updates from Motorola Canopy.
- Staff individual(s) who are technically knowledgeable and trained Motorola Canopy products and services.
- Promptly follow-up and attempt to close all leads Motorola Canopy delivers in a timely manner.
- Provide top-quality design, installation, service and / or support to Motorola Canopy customers.
- Only purchase products from Authorized Motorola Canopy distributors.

Partner Applicant

Name: _____
Title: _____
Signature: _____
Date: _____

Motorola Canopy Distributor Representative:

Name: _____
Title: _____
Signature: _____
Date: _____