

# BOXX Value-Added Reseller Application

This application provides information to BOXX Technologies about companies interested in joining our Value Added Reseller (VAR) program as an authorized reseller of BOXX products. Information on this application is considered strictly confidential and will be used only pursuant to the authorization of the company named below. This application does not, in any way, imply or constitute a contractual agreement between BOXX Technologies and the applicant.

## I. General Information

### Corporate

Legal Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

Corporation, Partnership, or LLC? \_\_\_\_\_

### Company Principals

Name, Title, Email: \_\_\_\_\_

Name, Title, Email: \_\_\_\_\_

Name, Title, Email: \_\_\_\_\_

### Key Contacts

Sales (name, title, email) \_\_\_\_\_

Marketing (name, title, email): \_\_\_\_\_

Service (name, title, email): \_\_\_\_\_

Accounting (name, title, email): \_\_\_\_\_

Total number of people on your staff: \_\_\_\_\_

Total Number of Service People: \_\_\_\_\_

## II. Business Information

What was your sales volume in 2009? \_\_\_\_\_ 2008? \_\_\_\_\_

Describe your target markets, and related geographic territory:

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Do you currently represent:

- Nucoda
- D2 Software
- Bluefish444
- Alias
- AVID
- Discreet
- Matrox
- Newtek
- Ulead
- Sony
- Panasonic

What markets comprise your selling profile, and what percentage (approx.) is each of your total sales?

- Broadcast TV \_\_\_\_\_%
- Corporate \_\_\_\_\_%
- Commercial Production \_\_\_\_\_%
- Educational \_\_\_\_\_%
- Government \_\_\_\_\_%
- Medical \_\_\_\_\_%
- Video \_\_\_\_\_%
- Editing Studios \_\_\_\_\_%
- On-line Post-Production \_\_\_\_\_%
- 3D Effects/Animation House \_\_\_\_\_%
- Off-line Post Production \_\_\_\_\_%
- Other \_\_\_\_\_%

What types of support do you offer your customers?

- On-site technical
- Newsletter
- Technical hotline
- Seminars
- Product training
- Consultation
- Maintenance
- Customer Service
- Other

### III. BOXX Business Plan

If approved, what BOXX-related marketing activities do you plan for the coming year?

- Seminars
- Open House
- On-site Demonstrations
- Direct Mail
- Advertising
- Other (please explain)

### IV. Financial Information

Please attach a copy of your current financial statements (on official company letterhead) to this application, and include any other relevant documents.

**Bank Name/ Address:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

**Trade References:**

Name, Company, Email: \_\_\_\_\_

Name, Company, Email: \_\_\_\_\_

Name, Company, Email: \_\_\_\_\_

**V. Conclusion**

**Submitted by:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Printed) \_\_\_\_\_

Title: \_\_\_\_\_

Please return this application and attachments **by FAX or Email** to:

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Tel: 512-835-0400  
Fax: 512-835-0434  
Email: resellers@boxxtech.com  
Attn: Business Development Manager