

MicroBiz® Dealer Application

CAM Commerce Solutions, Inc.
17075 Newhope Street Suite A
Fountain Valley, CA 92708
Phone: (800) 937-2289 Fax: (702) 564-2886

Please complete all sections of the application, SIGN EACH PAGE and mail or FAX to your Regional Account Manager. Your application will be reviewed and submitted for approval to our dealer program.

The following are required to achieve and maintain authorization: Submit this application.

COMPANY PROFILE

Company Name: _____ Contact Name: _____

Address1: _____ Address2: _____

City: _____ State/Province: _____

Zip/Postal: _____ Country: _____

Phone: _____ FAX: _____

Owner/President: _____ Year Established: _____

Form of Organization: Corporation Partnership Sole Proprietor

Location Description: Retail Store Professional Office Home Office

Annual Sales: Less than \$250,000 \$250,000-\$500,000 500,000-\$1,000,000 \$1,000,000 or more

PERSONNEL

Please complete the following information for employees in sales, training, installation, and support of Point-of-Sale systems: (If not presently involved with POS, list names of employees who will be involved.)

Name: _____ Position: _____ Years Exp. _____

Training/Expertise: _____ Retail Experience: Yes/No

Give Brief Description: _____

Name: _____ Position: _____ Years Exp. _____

Training/Expertise: _____ Retail Experience: Yes/No

Give Brief Description: _____

Name: _____ Position: _____ Years Exp. _____
Training/Expertise: _____ Retail Experience: Yes/No

Give Brief Description: _____

Name: _____ Position: _____ Years Exp. _____
Training/Expertise: _____ Retail Experience: Yes/No

Give Brief Description: _____

MARKETING

Annual Marketing Budget: \$ _____ Estimated amount for MicroBiz products: \$ _____

Percentage of budget

Printed Advertising: _____ Seminars Trade Shows: _____

Direct Mail: _____ Other: _____

Do you have relationships that generate leads for your company, i.e. CPA firms, consultants? Describe:

What is your plan for implementing the sale of MicroBiz products? _____

Have you installed POS systems? Yes/No

Number of installations: _____

What other POS products/software have you installed? _____

ONGOING SUPPORT

Do you resell developers'/manufacturers' support plans? Yes/No

Do you sell your own support plans? Yes/No

Multi-user Operating Environments

List network software which your company is authorized to install: _____

CUSTOMER REFERENCES

List 2 customer references and briefly describe the installations.

Company Name: _____ Contact Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Hardware Platform: _____
 Multi-user Environment: _____
 Software Application(s): _____

Company Name: _____ Contact Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Hardware Platform: _____
 Multi-user Environment: _____
 Software Application(s): _____

I understand that by signing this application, CAM Commerce Solutions is given permission to proceed with reference checks on the customers stated in this application.

 Applicant's Signature

 Date

 CAM Approval Date

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