



# SPYRUS®

## SPYRUS Reseller Program Application

For companies that wish to apply as an authorized SPYRUS reseller, please complete the information below to begin the application process. Upon completion of this information, a SPYRUS representative will contact you to follow up on your application.

Items marked with \* are required information.

### Company Information

Company name\*: \_\_\_\_\_  
Address (HQ)\*: \_\_\_\_\_  
City\*: \_\_\_\_\_ State/Province\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_  
Country\*: \_\_\_\_\_  
Main phone number\*: \_\_\_\_\_ Main fax number: \_\_\_\_\_  
Corporate Web Site URL\*: \_\_\_\_\_

### Geographic territories to participate as a reseller for SPYRUS (list all countries that apply)\*:

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### Contact Information

#### Person submitting application

Name\*: \_\_\_\_\_  
Title\*: \_\_\_\_\_  
Telephone\*: \_\_\_\_\_  
Email\*: \_\_\_\_\_

#### Executive Contact

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Sales Contact

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Services or Technical Contact

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_



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## Business Profile

Years in business: \_\_\_\_\_  
Number of sales personnel: \_\_\_\_\_  
Sales Office locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Description of your company's business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## List of companies and products that you are representing

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Description of your current offerings in the area of security

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please indicate the markets in which your company has demonstrated competencies

- Banking
- U.S. Federal Government (including Department of Defense)
- Healthcare
- Financial Services
- Non-US Government
- Energy/Utilities
- Law Enforcement
- State and Local Government
- Telecommunications
- Other (please list: \_\_\_\_\_)

## Current Business Relationships/Alliances/Certifications

Please list software vendors, hardware vendors, and systems integrators with whom your company has a current representative relationship including any current certifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Please provide three vendor references that we can contact:**

Company name:				
Address:				
City:		State/Prov:		ZIP:
Phone:	Fax:	E-mail:		
Type of relationship:				
Company name:				
Address:				
City:		State/Prov:		ZIP :
Phone:	Fax:	E-mail:		
Type of relationship:				
Company name:				
Address:				
City:		State/Prov:		ZIP :
Phone:	Fax:	E-mail:		
Type of relationship:				

**Note:** By submitting this application you are consenting to allow SPYRUS to use this information for the purposes of assessing your suitability in the SPYRUS Reseller Program.

Please email or fax this form to:

[sales@spyrus.com](mailto:sales@spyrus.com)

**(408) 392-0319 (USA fax)**