



Partnership Program Application

*Joining forces to deliver world-class digital
signage & advertising solutions.*

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Scala Partner Program Application

Applicants must submit the following documents to be considered for authorization.

1. This Partner Agreement
2. Scala Annual Maintenance & Support Agreement
3. Credit Application
4. Copy of your reseller certification (tax or business ID certificate) if applicable

Incomplete applications will not be processed. Please allow a minimum of 5 days to process your application upon receipt. You will be notified via email upon completion of your application. If your application is approved, you will be asked to sign the Scala Partner Agreement which outlines the terms of the partnership.

You may submit the application by fax; however, a signed original must be submitted by mail to the address listed in the Regional Addendum:

PARTNER PROGRAM TYPE & LEVEL

Please mark an X in the box for the level and type of partnership for which you are applying.

Partner Type	Certified	Premier	Strategic
Service Partners			
Content partners			
Network Operator Partners			
Platform Partners			
Technology Partners			
Developer Partners			

APPLICANT SITE INFORMATION

Date: _____

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____

Prov. / State: _____ Postal code: _____ Country: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Website: _____

Year(s) Established: _____

POINTS OF CONTACT**Primary Contact**

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Marketing Contact

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Primary Technical Contact

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

E-mail: _____

CUSTOMER BASE

What vertical markets do you serve (check all that apply)?

Advertising / Public Relations _____

Publishing / Manufacturing _____

Hospitality _____

Education / Training _____

Legal / Corrections _____

Retail / Point of Purchase _____

Health Care / Medical _____

Entertainment / Recreation _____

Architecture / Home Automation _____

Government / Non-Profit _____

Financial / Insurance _____

Enterprise / Fortune 500 _____

Cable TV / Community Access _____

Small / Medium Business _____

Corporate Communications _____

Other: _____

OTHER INFORMATION

Please share any information regarding your organization that may provide additional insight.

COVENANTS OF APPLICANT

BY SIGNING BELOW, THE APPLICANT REPRESENTS AND WARRANTS TO SCALA THAT THE INFORMATION PROVIDED TO SCALA IS TRUE AND ACCURATE, AND AGREES THAT DURING THE TERM OF ITS STATUS, IT SHALL PROMPTLY PROVIDE SCALA WITH DETAILS REGARDING ANY MODIFICATIONS OR CHANGES TO SUCH INFORMATION. IN THE EVENT THAT SUCH INFORMATION IS DETERMINED TO BE INACCURATE, SCALA MAY IMMEDIATELY TERMINATE APPLICANT'S STATUS. APPLICANT SHALL BE LIABLE TO ANY FULLY INDEMNIFY SCALA FOR ANY DAMAGES OR COSTS INCURRED BY SCALA AND RESULTING FROM OR AS A RESULT OF THE PROVISION OF SUCH INACCURATE INFORMATION BY APPLICANT.

SIGNATURES

Applicant's signature: _____

Name: _____

Title: _____ Date: _____

Scala Credit Application

Billing & Mailing Address	Shipping Address (Inventory & Production)

Billing Contact	Shipping Contact (Inventory & Production)

US Bank Address	International Wire Information (Optional)
	Currency: Bank: Account: Swift Code:
Account Numbers	

Identification Numbers	
Federal I.D. #:	
DUNS Number:	
Sales Tax Exempt #:	

Credit References			
Company	Contact	Address	Phone
1.			
2.			
3.			
4.			
5.			

Officers	Title	Company Established

Additional Information

Scala Credit Card Approval

This agreement provides Scala, Inc. the authority to utilize the information below to process payments for specified fees between the below named company and Scala, Inc. **Please attach a copy of front and back of credit card to this form.**

Company: _____

Contact: _____

Phone: _____

Fax: _____

Type of Credit Card (Visa/MasterCard/AmEx): _____

Credit Card Number: _____

Expiration Date: _____

Exact Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Purchase Order Number: _____ Amount: _____

By signing, I, on behalf of the above company, authorize the use of the credit card given for the processing of payments for services rendered by Scala, Inc.

Authorized Signature

Date

Title

Below this line for Scala use ONLY

Invoice Number: _____ Date of Invoice: _____ Amount of Invoice: _____

Please fax completed form & copy of credit card to the number listed in the Regional Addendum.