



Partnership Program Application

Solution Sales Partners

*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. Business/Marketing Plan
3. Credit Application
4. Copy of your reseller certification (tax or business ID certificate)

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
Solution Sales Partners			

APPLICANT SITE INFORMATION

Date: _____

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____

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

Telephone: () _____ Fax: () _____

E-mail: _____

Website: _____

Type of Enterprise: Corporation in State of ____ Partnership Other: _____

Year(s) Established: _____ Annual Sales Volume: _____

Dunn & Bradstreet Number Rating: _____ Credit Limit Desired: _____

Will your purchases from Scala be tax exempt? Yes No (If so, attach resale certificate)

****Please attach a copy of your companies most recent Annual Financial Statement******Shipping Address:**

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____

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

Telephone: () _____ Fax: () _____

E-mail: _____

POINTS OF CONTACT**Company Principal (President/Owner/Manager)**

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Vice President of Sales/Sales Manager

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: _____

Purchasing

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

E-mail: _____
_____**Accounts Payable**

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Primary Scala Contact

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

E-mail: _____

COMPANY PROFILE

a. Date of Incorporation/Founded _____ / _____ (Month/Year)

b. Approximate gross annual sales: US\$ _____

c. What percentage is service revenue? _____

- d. What % of your revenue will derive from Scala products? _____
- e. Is the application address your corporate headquarters? Yes No
- f. How many branch locations exist? _____
- g. How many demo rooms do you have and how big are they? _____
- h. Do you have a training room? ____Yes ____No If yes, what size? _____
- i. Describe your product schedule, including development, and how you intend to introduce Scala product (Marketing, Sales efforts, etc.).
- _____
- _____
- j. Describe your perceived hardware and/or software value added in conjunction with Scala product:
- _____
- _____
- k. Company Staff Details (indicate the number of staff in each category Sales: _____ Support: _____ Service: _____ Administration: _____ Training: _____ Other: _____)
- l. Do you have staff that has experience with Scala software or a similar product? Yes No
- m. If yes, how many? In Sales: _____ Support / Service: _____
- n. Does your organization currently provide any multimedia/video production and/or network installation services? (e.g. video, graphics, animation, IP configuration, routing, etc.)
- Yes No If yes, what type of services?
- _____
- _____
- o. List and describe any additional services offered by your organization (e.g., custom software, training, etc.)

MARKETING INFORMATION

- a. Please list the main products that you are authorized to resell up to four (4) along with the relative percentages of your total sales:

Manufacturer _____ % Manufacturer _____ %

Manufacturer _____ % Manufacturer _____ %

- b. Based upon typical sales from your company, what is the % breakdown of the following parts?

Hardware ____ Software ____ Service ____ Support ____ Training ____ Content ____

- c. Please indicate if your organization's level of familiarity, if any, with the following types of software:

Multimedia Authoring	Sell	Use	Audio & Video Editing	Sell	Use
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2D & 3D Graphics	Sell	Use	Networking	Sell	Use
------------------	------	-----	------------	------	-----

Database	Sell	Use	Presentation Tools	Sell	Use
----------	------	-----	--------------------	------	-----

Videoconferencing	Sell	Use	Other: _____	Sell	Use
-------------------	------	-----	--------------	------	-----

Please identify a few example Vendors: _____

- d. Do you develop any of your own software? Yes No

- e. If yes, what market is it targeted towards? _____

- f. Describe your perceived marketplace and how our product benefits and compliments this environment:

CUSTOMER BASE

- a. What vertical markets do you serve (check all that apply)? Of these markets, how many are your customers and what percentage of your accounts do they represent.

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: _____

b. Do you have a GSA Contract #? Yes No If yes, what is it? _____

c. Are you on any state education bid lists? Yes No If yes, which states? _____

BUSINESS HISTORY

a. Please indicate your company's turnover for the last 3 years of trade.

Latest Gross Profit or Loss (%) _____ Net Margin (%) _____

b. Please conservatively estimate what would be your sales goals for Scala products in your first year as a reseller.

1st Quarter: _____ 2nd Quarter: _____ 3rd Quarter: _____ 4th
Quarter: _____

OTHER INFORMATION

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

a. How would you primarily classify your organization (check only one)?

Value Added Reseller Network Integrator Content Provider

Dealer Consulting Firm Other: _____

b. What is the average size of your deployments? _____

OTHER VENDOR PROGRAMS

Please indicate the names of other vendor reseller programs and certifications in which you participate and the level achieved (if applicable).

BANK REFERENCES

Bank Name: _____ Account Number: _____

Contact Name: _____ Title: _____

Address: _____ City: _____

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

Telephone: () _____ Fax: () _____

BUSINESS/TRADE REFERENCES

By providing three references will assist in determining what your current status is as a reseller and the type of business you are currently servicing. Also, this section helps Scala to verify Applicant's credit worthiness and determine credit terms. There may be a delay in the application process if Scala is unable to contact your trade references. Please clearly print or type this information and provide all information requested.

1st Reference

Account No: _____

Company Name: _____

Address: _____ City: _____

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

Telephone: () _____ Fax: () _____

E-mail: _____

Last contact or order placed: _____

Level of contact/order: More than quarterly Quarterly Semi-annual Annual

2nd Reference

Account No: _____

Company Name: _____

Address: _____ City: _____

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

Telephone: () _____ Fax: () _____

E-mail: _____

Last contact or order placed: _____

Level of contact/order: More than quarterly Quarterly Semi-annual Annual

3rd Reference

Account No: _____

Company Name: _____

Address: _____ City: _____

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

Telephone: () _____ Fax: () _____

E-mail: _____

Last contact or order placed: _____

Level of contact/order: More than quarterly Quarterly Semi-annual Annual

REVIEW OF APPLICATION

This application is submitted by the Applicant to Scala for the purpose of becoming a Scala Certified Partner (SCP). The Applicant acknowledges and agrees that Scala’s review of this application does not ensure that the Applicant will be chosen as a Scala Certified Partner. Scala reserves the right to accept or reject any application submitted, at its sole discretion. THIS APPLICATION IS ONLY EFFECTIVE AND BINDING ON SCALA UPON CONFIRMATION OF THE APPLICANT APPROVED RESELLER STATUS BY SCALA’S FINANCE DEPARTMENT. FAILURE TO COMPLETE ALL SECTIONS OF THIS CREDIT APPLICATION AS REQUIRED WILL RENDER THIS APPLICATION INADMISSABLE.

TERMINATION

Applicant acknowledges and agrees that participation in the Scala Certified Partner program is at-will and subject to Scala’s right to revoke or terminate reseller status, with or without cause, at any time upon notice to a Scala Certified Partner. Applicant acknowledges and agrees that it is not relying on a business relationship with Scala of any minimum duration, or that its participation in the reseller program, if approved by Scala, will result in any minimum sales of or profits related to Scala products. Scala has no knowledge of Applicant’s dependence on prospective revenues from sales of Scala products, and Applicant agrees to release and hold Scala harmless from any and all claims relating to Applicant’s financial condition which arise out of, relate to or result from Scala’s termination of any value added reseller agreement resulting from the application herein. Applicant expressly acknowledges and agrees that the termination provisions provided herein are reasonable, and agrees not to contest or otherwise challenge such provisions, or to claim damages as a result of termination by Scala, or loss of profits, investment, opportunity, or claims related to leases or other commitments of Applicant of any kind made in connection with its participation in the value added reseller program. THE LIMITATIONS OF LIABILITY CONTAINED IN THIS AGREEMENT ARE A FUNDAMENTAL PART OF THE BASIS OF EACH PARTY’S BARGAIN HEREUNDER, AND NEITHER PARTY WOULD ENTER INTO THIS AGREEMENT ABSENT SUCH LIMITATIONS.

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 RESELLER 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 AS A RESELLER. 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: _____

Witnessed by an officer of the company

Witness’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.