



Distribution Partner Program

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EXPRESSION OF INTEREST FORM

A. COMPANY BACKGROUND

COMPANY OVERVIEW

- 1) Name of the Company _____
- 2) Business Address _____
- 3) City _____ 4) State/Province _____ 5) Zip/Postal Code _____ 6) Country _____
- 7) Company type/Ownership Structure _____
- 8) Primary industry/vertical _____
- 9) Years in Business _____ 10) No. of Employees _____ 11) Total No. of Clients _____
- 12) Annual Revenues (in US\$) _____ (projected this year) _____ (last year) _____
- 13) Name of Principal/owner _____
- 14) Summary of past experience _____

- 15) Details of key product or service offering _____

- 16) Key principals of the company with designations _____

- 17) Illustrative clients _____



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18) Major accomplishments to date _____

19) Short statement of future direction of the company _____

20) Company website _____

B. PRODUCTS & SERVICES OFFERED

OVERVIEW OF THE COMPANIES YOU CURRENTLY REPRESENT; PRODUCTS AND/OR SERVICES YOU OFFER

EXAMPLE 1

1) Name of Partner Company _____

2) Headquartered at _____

3) Product/Service _____

4) Primary industry/vertical _____

5) Partner since (no. of years) _____

6) Brief summary of success (if any) you have achieved on behalf of partner _____



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EXAMPLE 2

- 1) Name of Partner Company _____
- 2) Headquartered at _____
- 3) Product/Service _____
- 4) Primary industry/vertical _____
- 5) Partner since (no. of years) _____
- 6) Brief summary of success (if any) you have achieved on behalf of partner _____

C. HOSPITALITY, REVENUE MANAGEMENT AND/OR SaaS EXPERIENCE

OVERVIEW OF SPECIFIC EXPERIENCE IN RELATED FIELDS

- 1) Summary of experience (if any) in using any of IDEaS' Products or Services _____

- 2) Summary or experience (if any) in promoting solutions for the Hospitality industry _____



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3) Summary or experience (if any) in promoting SaaS solutions _____

4) Summary or experience (if any) in Revenue Optimization/Pricing/Forecasting solutions _____

D. WHY IDEAS?

UNDERSTANDING YOUR INTEREST AND PRIMARY MOTIVATIONS IN PURSUING A DISTRIBUTION PARTNER RELATIONSHIP WITH IDEAS

1) Explain your primary motivation in developing a Distribution Partner relationship with IDEAS? _____

2) How would you describe the demand for IDEAS' Products and Services in your region? _____



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3) Have you attended any of IDEaS' live or on-demand webinars available via www.ideas.com? If, Yes, how did you find the webinars useful? _____

4) Explain how your company is best suited to represent IDEaS in your region? _____

5) Approximately how much time (per week) and number of resources is your organization ready to commit to work with IDEaS? _____

6) Clearly indicate the region that you wish to represent IDEaS in (political territories) _____

7) Have you discussed pursuing a Distribution Partner relationship with anyone at IDEaS? _____



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E. REFERENCES

PLEASE LIST TWO BUSINESS ASSOCIATES THAT YOU HAVE COMMERCIAL RELATIONSHIPS AS REFERENCES

REFERENCE 1

- 1) Name _____
- 2) Company _____
- 3) City _____ 4) State/Province _____ 5) Country _____
- 6) Work Phone _____ 7) Email Address _____
- 8) Website _____

REFERENCE 2

- 9) Name _____
- 10) Company _____
- 11) City _____ 12) State/Province _____ 13) Country _____
- 14) Work Phone _____ 15) Email Address _____
- 16) Website _____

- 17) Date of submission (enter the date you plan to submit this form) _____

Expression of Interest Forms will be reviewed in the order they are received. If this form is accepted by IDEaS Revenue Optimization, you will be contacted to discuss next steps.

Thank you for your interest in the IDEaS Distribution Partner Program.