



# Referral Partner Program

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## EXPRESSION OF INTEREST FORM

### A. PRINCIPAL/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 \_\_\_\_\_

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

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## D. WHY IDEAS?

### UNDERSTANDING YOUR INTEREST AND PRIMARY MOTIVATIONS IN PURSUING AN REFERRAL PARTNER RELATIONSHIP WITH IDEAS

1) Explain your primary motivation in developing a Referral Partner relationship with IDEaS? \_\_\_\_\_

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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](http://www.ideas.com)? If, Yes, how did you find the webinars useful? \_\_\_\_\_

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4) Have you discussed pursuing a Referral Partner relationship with anyone at IDEaS? \_\_\_\_\_



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## E. REFERENCES

PLEASE LIST TWO BUSINESS ASSOCIATES THAT YOU HAVE COMMERCIAL RELATIONSHIPS WITH 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 Referral Partner Program.