



VisitorLink | *the virtual receptionist that links your visitors to you* | www.visitorlink.com

VisitorLink Referral Distribution Program

Thank you for your interest in becoming a **VisitorLink Referral Distribution Contractor**. We are passionately committed to design, build and maintain truly great Information Technology solutions that are cost effective and aligned with your client's strategies, priorities and goals. We look forward to provide you with a significant tool to profitably leverage your greatest strengths, and, as a Referral Distribution Contractor, to support you with Certified and Platinum Distributors who are uniquely qualified to serve as your trusted IT resource.

Purpose: The purpose of the VisitorLink distribution program is to provide a distributed sales and support network for the VisitorLink product.

Partner Qualification: Distributors are identified by their level of "certification" with VisitorLink, Microsoft Lync, and Microsoft Skype for Business software: Referral, Certified or Platinum

Referral Distribution Contractor - Designed for non-technology associated partners.

Expectations: To provide leads for VisitorLink to be sold and supported through VisitorLink corporate or through a Certified or Platinum Distribution Contractor.

Benefits: To be formally identified with the VisitorLink product and to **add value** in their customer space. A **referral fee** is paid by VisitorLink or the participating VisitorLink Certified or Platinum Contractor.

Certification Requirements: Completion of the partner application and signing a referral agreement so we know where to send payment of referral fees for completed sales.

Sales Requirements: None

Marketing Requirements: Participation in VisitorLink marketing programs and use of approved VisitorLink product and promotional materials.

Training Requirements: Basic training in presentation and demonstration of the VisitorLink product.

Additional Program benefits will be added from time to time. These may include cooperative marketing programs, newsletters, sales and training webinars, priority phone and online technical support, etc. Let us know how we can support you and your profitability most effectively.

Please review the documents in their entirety. This application is designed to give VisitorLink a clear picture of your business and how we can work together most effectively. The time you invest in your answers will help us develop our relationship with you. In order to avoid delays in processing, please fill out the two page application completely. Sign and return all pages, and any attachments, to us at info@visitorlink.com

After your provisional acceptance as a VisitorLink Partner we will provide you with the VisitorLink Distribution Agreement. When the signed agreement and documents are returned, your status will be assigned and approved.

We look forward to building a mutually profitable relationship with you in service to our customers.

The VisitorLink Partner Team
Denver, Colorado

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6530 S. Yosemite St., Suite 204, Greenwood Village, CO 80111— 303-488-9190

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Please PRINT clearly or feel free to answer these questions via email. All information is kept confidential.

Business Description: Please provide a brief overview of your primary business focus.

Five horizontal lines for business description.

What are the top three goals for your business over the next three years?

Three horizontal lines for business goals.

Company Information:

Legal Business Name:

Trade Name - DBA

Primary Telephone #: FAX #:

Federal TAX ID#: Reseller ID#: [Please attach documentation/certificates]

Corporation LLC Partnership Sole Proprietor Subsidiary or Branch Office Other

State of registration/incorporation:

If "Subsidiary" or "Other" please provide home office address and/or further explanation below:

Horizontal line for subsidiary/other explanation.

Year established:

Address:

Address 1

Address 2

City State Zip Country

Contact Information: (Please Print)

Principal Contact Title

Office Phone Cell Phone e-mail

Second Contact Title

Office Phone Cell Phone e-mail

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It is important to us that our contractors can demonstrate excellent relationships with their banks, providers and customers. Thank you for providing the following references to assist us in our evaluation of your application.

Customer References:

Company Name Contact Name Address City State Zip Phone Product/Service Provided

Company Name Contact Name Address City State Zip Phone Product/Service Provided

Business Profile:

Approximately how many active customers do you currently serve?

Describe your primary target customer

Please provide a description of the primary products/services you provide:

IT Products/Services

Other

What is your primary geographical focus? Local Regional National International

How many total employees do you have?

How many people are involved part or full time with business development/sales?

Other information that may be of assistance to us in evaluating your application:

Application Submitted by:

Printed Name Signature

Date Phone e-mail

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