

# Reseller Program

## Expression Of Interest Form

### A. PRINCIPAL/COMPANY BACKGROUND

#### Company Overview

1. Name of Company \_\_\_\_\_

2. Business Address \_\_\_\_\_

3. City \_\_\_\_\_ 4. State/Province \_\_\_\_\_ 5. Zip/Postal Code \_\_\_\_\_ 6. Country \_\_\_\_\_

7. Company type/Ownership Structure \_\_\_\_\_

8. Website \_\_\_\_\_

9. Primary industry/vertical \_\_\_\_\_

10. Years in Business \_\_\_\_\_ 11. No. of Employees \_\_\_\_\_ 12. Total No. of Clients \_\_\_\_\_

13. Annual Revenues (in US \$) \_\_\_\_\_ (projected this year) \_\_\_\_\_ (last year) \_\_\_\_\_

14. Name of Principal/owner \_\_\_\_\_

15. Summary of past experience

16. Details of key product or service offering

17. Key principals of the company with designations

18. Illustrative clients

19. Major accomplishments to date

20. Short statement of future direction of the company

## 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

## **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
  
  
  
  
  
  
  
  
  
3. Summary or experience (if any) in promoting SaaS solutions
  
  
  
  
  
  
  
  
  
4. Summary or experience (if any) in Revenue Management/Pricing/Forecasting solutions

## D. WHY IDeaS?

### Understanding your interest and primary motivations in pursuing an industry partner relationship with IDeaS

1. Explain your primary motivation in developing a Reseller relationship with IDeaS?
2. How would you describe the demand for IDeaS' Products and Services in your region?
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?
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 Reseller relationship with anyone at IDeaS?
8. Please indicate if you have reviewed the Program Document about the Reseller Program at [www.ideas.com/partners](http://www.ideas.com/partners)  
 Yes       No

# 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 Solutions, you will be contacted to discuss next steps.

Thank you for your interest in the IDEaS Partner Program.