



## New Vendor Form

Company Name:

Contact:

Phone Number:

Address:

City:

Post Code:

Country:

Mobile Number:

## Please tell us about your company

Do you currently sell to Education?      Yes      No

Annual Sales Revenue:      Year:      Education Sales as Percentage of Overall Revenue:

Check box if you CANNOT track EDU sales.

Annual Sales Revenue:      Year:      Education Sales as Percentage of Overall Revenue:

Annual Sales Revenue:      Year:      Education Sales as Percentage of Overall Revenue:

Company Overview:

Company Go To Market Strategy:

## Please tell us about your product

Categories of Products Offered: (check all that apply)	Software	Hardware	Accessories
	Consumer Electronics	Other	

If software:

- Do you offer your products as Electronic Software Download (ESD)?                      Yes                      No
  - What languages are your products available in?
  - Please describe your education software models (i.e. box, licensing, special programs)
  
  - Do you require verification of Education (EDU) status?                      Yes                      No
  - Do you offer educational discounts?                      Yes                      No
  - Do you have a reseller authorization program?                      Yes                      No
  - Total Available Margin:                      Pricing Model/Discount:
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### **Please tell us about your education channel model**

Total education channel sales                      % sold to end-users                      % sold to distribution                      % sold to resellers

Please tell us about your goals for the education channel:

Do you sell directly to end-users? If yes, please list your top end-user customers.

Do you sell your product directly to resellers? if yes, please list your top ten reseller partners.

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### **What are your annual revenue expectations for your product within education?**

Year 1:                      Year 2:                      Year 3:

What are these projections based on?

Please provide contact information for any existing resellers we can contact to gain a better understanding of your products.

Name/Company:

email:                      Phone:

Name/Company:

email:                      Phone:

Name/Company:

email:                      Phone: