



VAR PROGRAM APPLICATION

Please send completed application to Inside Sales @ Visioneer – Fax: 925-416-8600 or E-mail: 2020@visioneer.com

Fed Tax ID#:		Today's Date:	
Company Name:			
Company dba. Name (if applicable):			
State of Incorporation:			
Primary Contact Name:			
Title:			
Mailing Address:			
City:		State:	Zip Code:
Phone:	Ext:	Fax:	
E-mail Address:			
Country:			

1. Please indicate the category that best describes your business:

- | | | |
|---|---|---|
| <input type="checkbox"/> Service Bureau | <input type="checkbox"/> Systems Integrator | <input type="checkbox"/> Vertical Application Development |
| <input type="checkbox"/> Value Added Reseller | <input type="checkbox"/> Software Development Company | <input type="checkbox"/> Conversion Specialists |
| <input type="checkbox"/> Other | | |

2. What types of products & services does your company provide?

- | | | |
|---|---|--|
| <input type="checkbox"/> Hardware | <input type="checkbox"/> 3rd Party Software | <input type="checkbox"/> Conversion Services |
| <input type="checkbox"/> Software Development | <input type="checkbox"/> Consulting | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Leasing/Financing | <input type="checkbox"/> Technical Support | <input type="checkbox"/> Systems Integration |
| <input type="checkbox"/> Custom Software | <input type="checkbox"/> Workflow Software | <input type="checkbox"/> Training |
| <input type="checkbox"/> Service Contracts | <input type="checkbox"/> Project Management | <input type="checkbox"/> Other _____ |

3. Please indicate if your company is a:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Private Corporation | <input type="checkbox"/> Public Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Subsidiary | <input type="checkbox"/> Other _____ |

4. What year was your company established? _____

5. What is the annual sales revenue of your company? _____

6. How many employees are in your company? _____

7. How many of your employees are in the following classifications?

Sales: _____ Services: _____

Technical Support: _____ CDIA Employees: _____

8. Please list the names of the following contacts in your company:

CEO/President: _____

Marketing Manager: _____

Sales Manager: _____

9. Which of the following software products does your company currently sell and support?

- | | | |
|---|--|--|
| <input type="checkbox"/> AnyDoc | <input type="checkbox"/> Captiva | <input type="checkbox"/> Captovation |
| <input type="checkbox"/> Documentum (EMC) | <input type="checkbox"/> Eastman (eiStream) | <input type="checkbox"/> FileNET |
| <input type="checkbox"/> Hyland OnBase | <input type="checkbox"/> IBM Content Manager | <input type="checkbox"/> IMR (Alchemy) |
| <input type="checkbox"/> Kofax | <input type="checkbox"/> LaserFiche | <input type="checkbox"/> Optika |
| <input type="checkbox"/> OTG (EMC) | <input type="checkbox"/> ReadSoft | <input type="checkbox"/> Other _____ |

10. Please rank your company's top four vertical markets:

1. _____ 3. _____

2. _____ 4. _____

11. Please indicate the Visioneer or Xerox Business imaging products that you sell or recommend:

<u>Visioneer Business Scanners</u>	<u>Xerox Business Scanners</u>
<input type="checkbox"/> Visioneer 9750 USB	<input type="checkbox"/> DocuMate 752
<input type="checkbox"/> Visioneer 9650 USB	<input type="checkbox"/> DocuMate 632
<input type="checkbox"/> Visioneer 9450 USB	<input type="checkbox"/> DocuMate 272
<input type="checkbox"/> Visioneer Strobe 450 PDF	<input type="checkbox"/> DocuMate 262
<input type="checkbox"/> Visioneer Strobe 470 PDF	<input type="checkbox"/> DocuMate 252
	<input type="checkbox"/> DocuMate 250
	<input type="checkbox"/> DocuMate 520
	<input type="checkbox"/> DocuMate 510
	<input type="checkbox"/> <i>None of the above</i>
<u>Visioneer Patriot Series</u>	
<input type="checkbox"/> Visioneer Strobe 780 PDF	
<input type="checkbox"/> Visioneer Strobe 680 PDF	
<input type="checkbox"/> Visioneer Strobe 470 PDF	
<input type="checkbox"/> Visioneer Strobe 430 PDF	
<input type="checkbox"/> Visioneer NetScan 2000	
<u>Visioneer Mobile Scanners</u>	
<input type="checkbox"/> Strobe XP 300	
<input type="checkbox"/> Strobe XP 200 VRS	
<input type="checkbox"/> Strobe XP 200	
<input type="checkbox"/> Strobe XP 100	
<input type="checkbox"/> Business Card Reader 100	
<input type="checkbox"/> <i>None of the above</i>	

12. Which of the following document scanners does your company sell & support?

- | | | | |
|---|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> BOWE Bell & Howell | <input type="checkbox"/> Canon | <input type="checkbox"/> Fujitsu | <input type="checkbox"/> Kodak |
| <input type="checkbox"/> Visioneer | <input type="checkbox"/> Panasonic | <input type="checkbox"/> Ricoh | <input type="checkbox"/> Other _____ |

13. Please check the box of your Preferred Distributor:

(These are authorized Visioneer & Xerox scanner distributors)

- | | | | |
|---------------------------------------|---|--------------------------------------|------------------------------|
| <input type="checkbox"/> Ingram Micro | <input type="checkbox"/> Tech Data | <input type="checkbox"/> NewWave | <input type="checkbox"/> D&H |
| <input type="checkbox"/> Wynit | <input type="checkbox"/> Cranel Imaging | <input type="checkbox"/> Other _____ | |

14. From whom of the following distributors do you currently buy scanners?

(These are authorized Visioneer & Xerox scanner distributors)

- Ingram Micro Tech Data NewWave D&H
- Wynit Cranel Imaging Other _____

15. Which of the following programs are you currently a part of:

- Ingram VTN Ingram IMSN Ingram Gov/Ed Tech Data Tech Select
- Xerox Reseller Other _____

16. Would you like to receive information regarding the 20/20 Perfect Vision Program from Visioneer by e-mail?

- Yes No

Your signature below indicates your acceptance of Visioneer’s conditions in regards to becoming a 20/20 Perfect Vision VAR. All new applicants of the 20/20 Perfect Vision Program are required to participate in one of our available product trainings before they are eligible to receive any of the benefits available with the program. In addition, the person signing the document must be an authorized manager, representative, or principal of the company.

Signature of Authorized Representative

Date

Name

Title

**Any questions, please contact Inside Sales @ 925-251-6399*