



Elite Partner Program Application

Company Profile

Company Name: _____ **Dunn & Bradstreet:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Website:** _____

Account Contact: _____ **E-mail:** _____

Phone: _____ **Fax:** _____

Sales Manager: _____ **E-mail:** _____

Phone: _____ **Fax:** _____

Mailing Address

Shipping Address

Address: _____

Address: _____

City: _____ **State:** _____

City: _____ **State:** _____

Zip: _____ **Country:** _____

Zip: _____ **Country:** _____

Business Information

Is your company a: System Integrator Value Added Reseller (VAR) Catalog Sales
 Retail Store E-Commerce OTHER _____

Number of Offices: _____

Total Number of Employees: _____

Date Established: _____

Number of Sales offices: _____

Number of outside Sales reps: _____

Number of Inside sales reps: _____

Annual Revenue: \$0-\$500K \$500K-\$1M \$1M-\$5M \$5M-\$10M
 \$10M-\$50M \$50M+

Please indicate how this revenue is generated: **Hardware:** _____ % **Services:** _____ % **Software:** _____ %
Consulting: _____ % **Other:** _____ %

Please specify geographic region your organization serves:

Local Regional National List Territory Focus



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Business Focus

Please specify vertical markets your organization serves:

- | | | | | |
|---|--|--------------------------------------|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Automotive | <input type="checkbox"/> Banking | <input type="checkbox"/> Education | <input type="checkbox"/> Other Vertical Markets |
| <input type="checkbox"/> Federal Gov | <input type="checkbox"/> Financial | <input type="checkbox"/> Health Care | <input type="checkbox"/> Insurance | _____ |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Publishing | <input type="checkbox"/> State/Local Gov | _____ |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Utilities | <input type="checkbox"/> TeleCom | <input type="checkbox"/> Video Editing | _____ |

What storage medium do you sell:

- | | | | | |
|--------------------------------|----------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> CD-RW | <input type="checkbox"/> DVD-RAM | <input type="checkbox"/> DVD-R | <input type="checkbox"/> DVD+R | <input type="checkbox"/> Other Storage |
| <input type="checkbox"/> MO | <input type="checkbox"/> WORM | <input type="checkbox"/> HDD | <input type="checkbox"/> DLT | _____ |

What storage products do you sell:

- | | | | | |
|-------------------------------|--|--|---|--|
| <input type="checkbox"/> RAID | <input type="checkbox"/> CD/DVD Towers | <input type="checkbox"/> Jukebox/Library | <input type="checkbox"/> Servers | <input type="checkbox"/> Other Storage |
| <input type="checkbox"/> NAS | <input type="checkbox"/> SAN | <input type="checkbox"/> Desktop Storage | <input type="checkbox"/> Mobile Storage | _____ |

How much revenue did you generate from HDD based storage solution sales last year:

- | | | | | |
|------------------------------------|---------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> \$0-\$50K | <input type="checkbox"/> \$50K-\$100K | <input type="checkbox"/> \$100K-\$250K | <input type="checkbox"/> \$250K-\$500K | <input type="checkbox"/> \$500K+ |
|------------------------------------|---------------------------------------|--|--|----------------------------------|

How much revenue did you generate from Optical based storage products sales last year:

- | | | | | |
|------------------------------------|---------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> \$0-\$50K | <input type="checkbox"/> \$50K-\$100K | <input type="checkbox"/> \$100K-\$250K | <input type="checkbox"/> \$250K-\$500K | <input type="checkbox"/> \$500K+ |
|------------------------------------|---------------------------------------|--|--|----------------------------------|

Which distributors do you purchase from:

- | | | | | |
|---------------------------------------|-----------------------------------|--|--|--|
| <input type="checkbox"/> Ingram Micro | <input type="checkbox"/> TechData | <input type="checkbox"/> SYNnex | <input type="checkbox"/> D&H | <input type="checkbox"/> Other Distributor |
| <input type="checkbox"/> Bell Micro | <input type="checkbox"/> Avnet | <input type="checkbox"/> Arrow Electronics | <input type="checkbox"/> Optical Laser | _____ |
| <input type="checkbox"/> NewWave | <input type="checkbox"/> Comstor | <input type="checkbox"/> Trident Tek | | _____ |

KANO Product Interest

Which KANO products are you interested in reselling?

- | | | | | |
|--|--|---|--|---------------------------------------|
| <input type="checkbox"/> DVD+RW drives | <input type="checkbox"/> DVD Duplicators | <input type="checkbox"/> DVD Publishers | <input type="checkbox"/> DVD Library/jukebox | <input type="checkbox"/> Desktop RAID |
|--|--|---|--|---------------------------------------|

Do you wish to service KANO product? YES NO If yes, which product? _____

Do you provide Technical Support? YES NO If yes, to what extent? _____

Do you have any MCSE's on staff? YES NO If yes, how many? _____

Any other certifications or expertise? YES NO If yes, specify? _____



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Reseller Authorization

It is understood by all parties that:

- The information provided will be kept strictly confidential
- Kano Technologies may reject your application at our sole discretion.
- You certify that all information contained in the application is true and correct to the best of your knowledge.

I, _____, hereby certify that I hold a valid Reseller's Permit/License # _____ issued in accordance with the Sales and Use Tax Law.

Name: _____

Title: _____

Signature: _____

Date: _____

Please Mail or Fax back the application to:

mail: KANO TECHNOLOGIES CORPORATION
11522 MARKON DRIVE
GARDEN GROVE, CA 92841
ATTN: ELITE PARTNER PROGRAM

e-mail: ElitePartners@KanoTechnologies.com

fax: (714)379-4541

KANO Technologies Acceptance

Name: _____

Title: _____

Signature: _____

Date: _____