

BASIC INFORMATION:

Company:	_____		
Address:	_____ _____		
Country:	_____	Type	
Main Contact:	_____	<input type="radio"/>	End-user
Title:	_____	<input type="radio"/>	Dealer/Reseller
E-mail:	_____	<input type="radio"/>	Distributor
Phone:	_____	<input type="radio"/>	OEM Manufacturer
URL/ WebSite:	_____		

MARKETS, SERVICES and PROGRAMS:

Coverage Territory:	_____				
What year was the company founded?	_____				
How many company office locations are there?	_____				
URL for Locations:	_____				
How many people are in the entire company?	_____				
Dedicated to sales?	_____	Dedicated to support?	_____		
What services do you provide to your customers? (Circle Yes or No)					
Design consulting?	Yes	No	Product Sales?	Yes	No
Installation?	Yes	No	Ongoing Support?	Yes	No
Maintenance Contracts?	Yes	No			
What (%) of your sales are hardware?	_____%	installation services?	_____%		
How large is your typical project?	€ / \$: _____				
What (%) of your business is to end-customers?	_____%	to reseller's?	_____%		
To how many end-customers or resellers do you sell?	_____				
Is it you or your customer that typically recommends a specific brand?	_____				
In general, what is your industry and application focus (circle all that apply)?					
Industries:	Healthcare, Education, Government, Finance, Manufacturing, Enterprise.				
Other:	_____				

Do you resell products competitive to NCast? _____

Which companies? _____

What major companies does your company remarket and (%) of total sales?

Company	% of Sales
a. _____	_____ %
b. _____	_____ %
c. _____	_____ %

Have you ever sold product for a startup? Yes No Whom? _____

If yes for question #1, answer the following:

How did your company develop the market?

How do you plan to develop "reference accounts"?

ESTABLISHING GOALS:

How would you determine success doing business with NCast in the 1st year? _____

What revenue (in terms of US\$) do you feel is appropriate for the first 12 months? \$ _____

What revenue (in terms of US\$) do you feel should be your goals by quarter?

1Q - \$ _____ 2Q - \$ _____ 3Q - \$ _____ 4Q - \$ _____

Please provide additional comments you feel would be important to our relationship:

Thank you for providing this information!

When this form is complete, please Fax it to us at: +1 (408) 541-9231