



"club9 - Reseller Security Program" Application Form

freedom9's club9 reseller security partner program was created for resellers in North America making the commitment to actively sell and support freedom9's email archivers and Internet content recorders. Belonging to club9 comes with membership privileges including increased awareness, support, sales, margins, market share all while enjoying the benefit of helping freedom9 secure the world.

5 simple steps:

1. Complete the attached application
2. After application approval - sign an agreement
3. Purchase a Not For Resale (NFR) appliance for demonstrations/evaluations
4. Complete Sales and Level 1 training
5. Start selling

Thank you for your interest in becoming a freedom9 club9 partner. Please complete the following application and email it to us at f9partner@freedom9.com or fax it toll free to 888-998-9089.

club9 membership benefits:

Marketing and communication

- Solution briefs
- Press release support
- Joint marketing campaigns^(*)
- Presentations
- Competitor analysis
- Training videos^(**)
- Customizable marketing material
- Exclusive product promotions
- Government / Education discounts
- Monthly newsletter^(**)
- Partner portal^(**)
- Opportunity to participate in beta testing

Technical support

- 8:30am to 5:30pm ET pre and post sales support
- Priority queue
- Packaged services available for resale
- Webinars
- Network design

Sales support

- Dedicated account manager
- Pre and post sales support
- Product training
- Joint sales calls
- Webinars
- Not for resale units available
- Deal registration program
- Competitive price assistance

^(*) Subject to approval

^(**) Coming Q4, 2008



"club9 - Reseller Security Program" Application Form

Please complete the following form with the most accurate data available and fax it to us at 1-888-998-9089 or email to f9partner@freedom9.com (*Denotes mandatory fields):

Company Information

*Business Name:		*Web Site URL:
*Address 1:		*Address 2:
*City:		*State/Province:
* Zip/Postal Code:	* Country:	*Main Phone Number:
*Is this the head office location? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Number of locations:

Contact Information

Primary	Sales Manager	Technical Manager
*First/Last Name:	*First/Last Name:	*First/Last Name:
*Title:	*Title:	*Title:
*Telephone Number/Extension:	*Telephone Number/Extension:	*Telephone Number/Extension:
*Email Address:	*Email Address:	*Email Address:

Company Profile

*Year of establishment:		*Do you maintain on-hand inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Total number of employees: _____	*Total annual revenue: <input type="checkbox"/> <\$1M <input type="checkbox"/> \$1 – 9M <input type="checkbox"/> \$10 – 49M <input type="checkbox"/> \$50 – 99M <input type="checkbox"/> \$100 – 249M <input type="checkbox"/> \$250M+	*What type of reseller are you? <input type="checkbox"/> VAR <input type="checkbox"/> System Integrator <input type="checkbox"/> Consultant <input type="checkbox"/> Retail <input type="checkbox"/> DMR <input type="checkbox"/> eCommerce <input type="checkbox"/> ISP <input type="checkbox"/> MSP <input type="checkbox"/> Other: _____	*What is your primary geographical coverage? <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International (List countries): _____ _____ <input type="checkbox"/> Other: _____
*Total number of sales staff: _____			
*Total number of technical staff: _____			

Distribution Information

*Current distributors: (Select all that apply) <input type="checkbox"/> Fontel <input type="checkbox"/> Ingram Micro <input type="checkbox"/> Lex Tec <input type="checkbox"/> Synnex <input type="checkbox"/> Tech Data <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	*Primary market focus – Organizations with: <input type="checkbox"/> 1-9 employees <input type="checkbox"/> 10-25 employees <input type="checkbox"/> 26-99 employees <input type="checkbox"/> 100-499 employees <input type="checkbox"/> 500+ employees *Size of Client Networks <input type="checkbox"/> 1-25 PCs <input type="checkbox"/> 26-99 PCs <input type="checkbox"/> 100-499 PCs <input type="checkbox"/> 500+ PCs	*Vertical markets: (Select all that apply) <input type="checkbox"/> Education <input type="checkbox"/> Finance <input type="checkbox"/> Government (Local) <input type="checkbox"/> Government (Federal) <input type="checkbox"/> Healthcare <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate <input type="checkbox"/> Retail <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____	*What other email archiving products does your organization currently sell?: (Select all that apply) <input type="checkbox"/> Barracuda <input type="checkbox"/> GFI <input type="checkbox"/> Symantec <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Advertising / Marketing Activities / Authorization / Certification Information

*Promotion of products and services: (Select all that apply)

<input type="checkbox"/> Webinar	<input type="checkbox"/> Internet	<input type="checkbox"/> Trade shows
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Email subscription list	<input type="checkbox"/> End user seminar
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Industry trade magazines	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Do not advertise

*Which trade journals do you read to learn about new technology and industry news: (Select all that apply)

<input type="checkbox"/> Computer Reseller News	<input type="checkbox"/> InfoWorld	<input type="checkbox"/> Network World
<input type="checkbox"/> PC Magazine	<input type="checkbox"/> PC Week	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Systems Integrator Magazine	<input type="checkbox"/> VAR Business	

<p>*Which Industry Trade Show do you attend: (Select all that apply)</p> <input type="checkbox"/> CompTIA <input type="checkbox"/> CMP Xchange <input type="checkbox"/> Interop <input type="checkbox"/> Gartner <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<p>*What vendor authorizations does your organization hold? (Select all that apply)</p> <input type="checkbox"/> Cisco <input type="checkbox"/> HP <input type="checkbox"/> Microsoft <input type="checkbox"/> Novell <input type="checkbox"/> Red Hat <input type="checkbox"/> SUN <input type="checkbox"/> Other: _____	<p>*What technical certifications do your technical staff have? (Select all that apply)</p> <input type="checkbox"/> A+ <input type="checkbox"/> Cisco <input type="checkbox"/> HP <input type="checkbox"/> Linux <input type="checkbox"/> Microsoft <input type="checkbox"/> Novell <input type="checkbox"/> SUN <input type="checkbox"/> Other: _____
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Value Added Services Information

*Which value added services do you provide (Select all that apply)?

<input type="checkbox"/> Network Integration	<input type="checkbox"/> 7x24 Support	<input type="checkbox"/> Other: _____
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Web Design/Hosting	
<input type="checkbox"/> Network Monitoring	<input type="checkbox"/> Training	

Vendor Champion(*) information:

*First/Last Name:	*Title:	*Telephone Number/Extension:	*Email Address:
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(*) Vendor Champion will automatically be added to our mailing list and must receive our eNewsletter

Program level applying for:

*Which program level are you applying for?

<input type="checkbox"/> Silver (Minimum of \$50,000 in yearly sales)	<input type="checkbox"/> Gold (Minimum of \$100,000 in yearly sales)	<input type="checkbox"/> Platinum (Minimum of \$300,000 in yearly sales)
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Subscription to the freedom9 eNewsletter

*Would you like to subscribe to the freedom9 eNewsletter and other communications?

Primary Contact: Yes No Sales Manager: Yes No
 Technical Manager: Yes No

A note on our privacy policy
Personal Information: Your personal information is only collected voluntarily in order to allow us to contact you to provide information regarding freedom9. No information will be collected without your knowledge. freedom9 does not currently share, sell, rent, or give your information to third parties.
Mailing Lists: freedom9 will only send emails and mail-outs to those individuals who have requested to be on the mailing list. If you wish to be removed from any mailing lists, please send an email to enews@freedom9.com requesting to be removed from the mailing list.



freedom9 will review all applications to determine qualification for membership in the Reseller Program. freedom9 will call the primary contact indicated on the form to review your application within two weeks of submission. If accepted, we will provide you with the Program Policies that govern this program. Acceptance into the program will be based on a variety of factors including but not limited to: current distribution needs, the applicant's territory, infrastructure, target customers, customer service offerings, customer retention programs, and other applicant programs and characteristics.

freedom9 reserves the right to make changes or exceptions to the policies and procedures, or terminate the program or any of the program benefits, at any time at its sole discretion. freedom9 will make every reasonable effort to inform members of any changes to the program at least 15 days in advance. A member may terminate its membership in the program at any time by notifying freedom9 in writing. All membership cancellations automatically annul that member's participation in and eligibility for sales incentives rewards beyond the cancellation date.

By submission of this application, I certify that all statements contained herein are accurate and complete to the best of my knowledge. Should any information be reported incorrectly, I understand that it may result in immediate termination of membership for my organization.

Application completed by

*First / Last name:	*Direct phone number:
*Email address:	*Date:
*Signature:	



"club9 - Reseller Security Program" NFR Order Form

Please complete the following form and fax it to us at 1-888-998-9089 or email to f9partner@freedom9.com
(*Denotes mandatory fields):

Offer Date:		freedom9 representative:	
Billing Information (as per Credit Card Statement): Company / Contact Name:		If Different than billing Information: Ship To:	
Address:		Address:	
City / State (Prov) / ZIP (Postal) Code:		City / State (Prov) / ZIP (Postal) Code:.	
Phone No:	Fax No:	Attention To:	Email Address:

Send us a copy of the invoice by: _____ mail or _____ email

Credit Card Information

Name:	Credit Card Type (Visa, MC, AMEX, Discover):	Credit Card Number:	Expiry Date:

Security Code (located on back of card*): _____

* Note that on American Express cards the security code is located on the front of the card

For freedom9 Use Only

Quantity	Part #	Description	Price	Extended Price
1	ICR750	freeGuard Capture 750		
(Shipping will be Ground Best Rate)			Subtotal:	
			Shipping:	
			Taxes:	
			Total:	

Special Instructions

I authorize ground shipping charges plus applicable taxes to be charged.
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IN WITNESS WHERE OF, the parties have caused this Agreement to be executed in their names, by their proper authorized officers or representatives. Parties have agreed to have the above amounts charged to their credit card.

Name and title of Authorized Person (Please Print)

Signature of Authorized Person

Date