



iPolicy Networks Channel Partner Program
Program Application

All fields are required to be filled in.

Company Name: _____

Headquarters Address: _____

Local Address: _____

Country: _____

Phone: _____

Website: _____

Application Submitted By: _____

E-mail: _____

Phone: _____

Resale/Tax ID (US Only): _____

Federal Tax ID (US Only): _____

Primary Contacts

Sales Contact: _____ Title: _____
E-mail: _____ Phone: _____

Technical Contact (Pre-Sales): _____ Title: _____
E-mail: _____ Phone: _____

Marketing Contact: _____ Title: _____
E-mail: _____ Phone: _____

Purchasing Contact: _____ Title: _____
E-mail: _____ Phone: _____

Service Contact (Post-Sales): _____ Title: _____
E-mail: _____ Phone: _____



What iPolicy Networks products are you interested in selling?

- iPolicy 2000 Series Intrusion Prevention Firewall
- iPolicy 3000 Series Intrusion Prevention Firewall
- iPolicy 4000 Series Intrusion Prevention Firewall
- iPolicy 6400 Series Intrusion Prevention Firewall
- Stateful Firewall
- Intrusion Detection and Prevention
- URL filtering
- Anti Virus
- iPolicy Security Manager

Business Information

Number of Employees:

Sales/Inside: _____ Sales/Outside: _____ Technical: _____

Annual Sales (USD): _____ Millions

Total Assets (USD): _____ Millions

Please attach a copy of your most recent financials

Revenue Breakdown:

% Hardware _____ % Software _____ % Service _____

Vertical Market Focus:

% Finance & Insurance _____ % Education _____

% Telecommunications _____ % Healthcare _____

% Manufacturing _____ % Government _____

% Transportation _____ % Retail / Wholesale Trade _____

% Other (list) _____

Does your company focus on selling Locally, Regionally or Nationally?

Please list areas covered _____

Does your company provide Security Consulting Services? Yes / No

Does your company provide Security Management Services? Yes / No



Sales / Product Information

List Distributor Relationships:

List Networking Products Sold (Cisco, Nortel, Extreme, etc.)

List Partner Relationships (include vendor, program name, program level)

List Security Products Sold (Check Point, NetScreen, etc.)

List Partner Relationships (include vendor, program name, program level)

List Technical Certifications (include certifications, level and # of certified staff)

Support Information

Does your company have a call management system for technical support? Yes / No

Does your company have a service lab? Yes / No

Does your company provide onsite customer support? Yes / No

Can your company provide 7 days x 24 hour support? Yes / No

Please fax the completed form with any supporting documentation to: Channel Marketing, iPolicy Networks at +1.510.687.1767 or email it to partners@ipolicynetworks.com

Thanks for you interest in iPolicy Networks Channel Partner Program.