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Clearview Authorized Partner Program Program Application

Please complete all sections and return to:

Via Facsimile: 248.290.0236
Via Email: partners@clearviewecm.com

General Corporate Information		
<i>Company name</i>		
<i>Licensed/Incorporated state</i>		
<i>Billing/Mailing address</i>		
<i>City</i>	<i>State/Country</i>	<i>Zip/Postal Code</i>
<i>Shipping/Street address</i>		
<i>City</i>	<i>State/Country</i>	<i>Zip/Postal Code</i>
<i>Main telephone number</i>	<i>Main fax number</i>	<i>Website address</i>
<i>President/Director/CEO Name</i>	<i>Telephone number</i>	<i>Email address</i>
<i>Primary Contact Name/Title</i>	<i>Telephone number</i>	<i>Email address</i>
<i>Marketing Contact Name/Title</i>	<i>Telephone number</i>	<i>Email address</i>
<i>Sales Contact Name/Title</i>	<i>Telephone number</i>	<i>Email address</i>
<i>Technical Contact Name/Title</i>	<i>Telephone number</i>	<i>Email address</i>

Company Information

Years in business		Years in Enterprise Content Management (ECM), Document Management (DM) or related category	
Total number of employees company-wide	Total number of sales people	Number of sales people focused on ECM/DM	
Total number of technical support staff	Number of technical staff focused on ECM/DM	Number of programmers/developers (if any)	
How many offices do you have?		What geographic areas does your company cover?	
Address, City, State, Zip/Postal Code (Location Number 1)		Contact Name	Title
Contact telephone number	Contact fax number	Contact email address	
Address, City, State, Zip/Postal Code (Location Number 2)		Contact Name	Title
Contact telephone number	Contact fax number	Contact email address	

Sales and Business Focus

Are there any vertical markets you target? (Check all that apply)			
<input type="checkbox"/> Education	<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Insurance	<input type="checkbox"/> Legal	<input type="checkbox"/> State Government	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Communications/Computers	<input type="checkbox"/> Local Government	<input type="checkbox"/> Transportation
<input type="checkbox"/> Utilities	<input type="checkbox"/> Other _____		
Are there any business application solutions you target? (Check all that apply)			
<input type="checkbox"/> Accounts Receivable/Accounts Payable	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Compliance	
<input type="checkbox"/> Other _____			
Total Annual Revenue	% from ECM/DM solutions (if applicable)	Total number ECM/DM systems sold to date	
What is your projected annual ECM/DM revenue target with Clearview Software?			
What other ECM/DM solutions (such as FileNet, Laserfiche, EMC Documentum, OnBase, Westbrook, etc.) do you sell?			

What ECM/DM-related products (such as Kofax, Captaris, etc.) do you sell?

What scanners, copiers, and MFDs do you sell?

What other software do you sell or integrate with? Have you written any custom applications to integrate with ECM/DM solutions?

Who do you view as your primary competitors in your key markets?

Partnering With Clearview Software

How did you first hear about Clearview Software?

If you don't sell other competing ECM/DM solutions, which have you evaluated before selecting Clearview Software?

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> OnBase/Hyland | <input type="checkbox"/> Laserfiche | <input type="checkbox"/> EMC Documentum | <input type="checkbox"/> FileNet |
| <input type="checkbox"/> IMR/Alchemy | <input type="checkbox"/> Optika/Stellent | <input type="checkbox"/> Westbrook | <input type="checkbox"/> Other _____ |

Why have you selected to partner with Clearview over other ECM/DM vendors?

Why are you interested in selling Clearview? And if you sell other ECM/DM solutions, why are you interested in adding Clearview to your portfolio?

List the top three ways Clearview can help you achieve success:

- 1.
- 2.
- 3.