



Membership Application

All fields are required; all responses will remain confidential

Company Name: _____		
Dealer Principal Name: _____	Cell: _____	
Email: _____	Website: _____	
Company Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	

Number of Current Branches and Locations (including Parent): _____		
No. of Yrs. In Business _____	No. of Employees (include owners): _____	
Current Authorized Territories: _____		
Plans to Open in Other Territories? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: _____		

Business Model (Check all that apply):		
<input type="checkbox"/> Office Equipment Dealer	<input type="checkbox"/> Computer Networking	<input type="checkbox"/> MPS
<input type="checkbox"/> Managed Network Services	<input type="checkbox"/> Software Development	
<input type="checkbox"/> Other (Please explain): _____		
Annual Revenue: _____	Financial Year End Date: _____	
Additional Dealer Principals? Yes No If Yes, How Many? _____		
Names and Percentage of Ownership: _____		
Will more than one Dealer Principal attend the meetings: Yes No		
Products/Authorized Vendor Relationships: _____		

APPLICATION FOR INDEPENDENT COPIER DEALER ALLIANCE

Why are you interested in joining the Independent Copier Dealer ALLIANCE? _____

What outcomes do you expect from your membership in this Group? _____

Are you currently utilizing any industry consultants? _____

What type of operating systems and software do you utilize? _____

Are you presently a member of any Office Products Organizations, ALLIANCES or Associations?

Please include a brief profile, brochure or information on your dealership.