



## Partner Application

If you are interested in becoming a Metis Secure solutions partner please complete the form below and email it to [jpekich@metissecure](mailto:jpekich@metissecure) or fax it to 412-828-3775.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Annual Revenue \_\_\_\_\_ Employees \_\_\_\_\_

### Products and services currently provided by your company

Product 1 \_\_\_\_\_ % of Revenue \_\_\_\_\_

Product 2 \_\_\_\_\_ % of Revenue \_\_\_\_\_

Product 3 \_\_\_\_\_ % of Revenue \_\_\_\_\_

Product 4 \_\_\_\_\_ % of Revenue \_\_\_\_\_

Product 5 \_\_\_\_\_ % of Revenue \_\_\_\_\_

Geographic area served by your company \_\_\_\_\_

Which partner level are you interested in?

- System Integrator
- Technology and Marketing Alliance
- Referral

**Industries served by your company**

- Higher Education
- Research and Industrial
- Manufacturing
- Energy/Utilities
- Property Management
- Government Federal
- Government State and Local
- Health Care
- Telecommunications
- Law Enforcement
- Transportation Services

Number of clients \_\_\_\_\_ Clients interested in mass notification \_\_\_\_\_%

**Key contact titles with whom you work** \_\_\_\_\_

\_\_\_\_\_

**Other reseller/partner programs in which you are a member** \_\_\_\_\_

**How many employees are you willing to certify to sell the solution?** \_\_\_\_\_

**Why do you want to add the Metis Secure system to your product portfolio?**

\_\_\_\_\_

\_\_\_\_\_

Yes, I would like to receive periodic emails regarding the Metis Secure system.

