

Solution Integrator Application

Please complete the following if looking to become an NEC authorized channel partner

Please note * indicates required form fields

Are you already engaged with a representative of NEC?* Yes No

If yes, please provide their name:

Company Information

Complete Legal Company Name* Corp FEIN#*

Street Address* Mailing Address
(if different)

City State Zip City State Zip

County* County

Phone Number* Fax Number

Website URL*

Email*

(Company email domain required: @yahoo, @swbell, @gmail etc. not acceptable. Email provided should be for sales information.)

Legal Contract Email Address*

E-Invoice Email Address*

Officers & Principals

General Manager*	Name	Title
Sales Manager*	Name	Title
Operations Manager*	Name	Title

Corporate History

Year Company Established*

Solutions/Market Size

(select all that apply)

- ☐ SMB Unified Communications (<250 employees)
- ☐ Enterprise Unified Communications (>250 employees)
- ☐ UCaaS (Unified Communications as a Service - cloud based)
- ☐ NEC IT Network Solutions

Estimated Dollar Sales This Year: New Systems*

SMB Unified Communications (<250 employees)	New Solution Sales \$
Enterprise Unified Communications (>250 employees)	New Solution Sales \$
UCaaS (Unified Communications as a Service - cloud based)	New Solution Sales \$
NEC IT Solutions	New Solution Sales \$

Sales & Service Area

Please define in terms of area the states and counties covered by sales/service staff.*

(For reference <https://www.census.gov/quickfacts/fact/table/US/PST045217>)

Organization Profile

What percentage of your total business do you estimate NEC will account for?*

What other manufacturers and products do you represent?*

How many salespeople do you currently employ?*

How many additional salespeople do you plan to employee in the next year?*

How many technical people do you employ?*

UC Tech Staff: IT Tech Staff: Other Support Staff:

Do you currently sell SIP Trunk Services?* Yes No

What is your total installed UC base?*

UC System Size/Type	# of Systems	# of Ports	% VoIP	% Systems Under Service Contract
SMB (<200 Stations)				
Enterprise (>200 Stations)				
UCaaS				

Do you subcontract your installations?* Yes No If Yes, what %

Cabling? Yes No Hardware/Software? Yes No Advanced IT? Yes No

Do you subcontract your maintenance?* Yes No

Has anyone at your company ever accepted any gratuities from your subcontractors in order to secure their agreement with you or to secure favorable treatment by you?* Yes No If Yes, what %

Has your company or have any of your employees or officers or directors of your company ever been convicted of, or entered a please of ‘guilty’ or ‘no contest’ to a felony under the laws of the United States or any state thereof?* Yes No

If Yes, please expand

Does your company have a corporate ethics policy currently in place?* Yes No

If no, would you agree to abide by NEC’s corporate ethics policy, a copy of which would be made available upon request and be incorporated into the agreement? Yes No

Does your Company have a corporate harassment policy currently in place?* Yes No

If Yes, please attach a copy to your application.

If No, would you agree to abide by NEC’s corporate harassment policy which is available upon request? Yes No

Have you or any principals in the company ever been denied a channel partnership of any type by NEC?* Yes No

Does your company currently employ or use as subcontractors former or current employees of NEC, its affiliates, solutions integrators or authorized resellers?* Yes No

If Yes, please list employee names

On what UC products are your technicians trained or certified by the manufacturer?*

(If NEC, please include technician’s full name(s), the name of the previous employer and tech numbers.)

What training or certifications do your technicians hold for IT networking, security, or other advanced technologies?*

(If NEC, please include technician’s full name(s), the name of the previous employer and tech numbers.)

Are you and your company now involved in or previously been involved in any litigation?* Yes No

If Yes, please explain

How do you develop your prospects? (Select all that apply)*

<input type="checkbox"/> Social Media	<input type="checkbox"/> Digital Marketing Service	<input type="checkbox"/> Email Campaigns
<input type="checkbox"/> Internet Advertising	<input type="checkbox"/> Marketing Automation	<input type="checkbox"/> Referrals
<input type="checkbox"/> Supplier Leads	<input type="checkbox"/> Internet Search Engines	<input type="checkbox"/> Bids
<input type="checkbox"/> Trade Shows	<input type="checkbox"/> Industry Associations	<input type="checkbox"/> Webinars
<input type="checkbox"/> TV/Radio Advertising	<input type="checkbox"/> Other (please specify)	

Please explain your plan for expanding your business relative to NEC solution offerings?*

Please list the vertical markets you will be pursuing such as government, hospitality, education, healthcare?*

Please list your primary competitors?*

Will NEC be your premier product?* Yes No

Do you expect to phase out any of your current product lines in the next 30-90 days?* Yes No

If Yes, which ones

Do you have regional service centers?* Yes No

If Yes, please provide information below

Service Center (1)

Location

Address

Manager

Phone Fax

of Sales People # of Tech People

Service Center (2)

Location

Address

Manager

Phone Fax

of Sales People # of Tech People

Service Center (3)

Location

Address

Manager

Phone Fax

of Sales People # of Tech People

Service Center (4)

Location

Address

Manager

Phone Fax

of Sales People # of Tech People

Service Center (5)

Location

Address

Manager

Phone Fax

of Sales People # of Tech People

Service Center (6)

Location

Address

Manager

Phone Fax

of Sales People # of Tech People

Credit Application

Please complete [this form](#) as well if you are interested in establishing a line of credit as part of your application.

Principal’s Employment History

Present and previous business experience (Account for all periods during at least 15 years)*

Date of Employment	Name of Employer (please include city, state)	Present Ownership	Reason for Leaving

Investor Information

Name	Relationship	Total Investment	Portion of Investment	
			Owned	Borrowed

Has the company ever been bonded?* Yes No

If Yes, name of bonding company

Business Size

Check applicable description*

Small: A business concern that, including domestic and foreign affiliates, is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualifies as a small business under the criteria and size standards set forth in Title 13 of the Code of Federal Regulations (CFR), Part 121.

Large: The business exceeds the small business size code standards established by the Small Business Administration (SBA) as set forth in Title 13 of the Code of Federal Regulations (CFR), Part 121.

Business Classification

Check applicable description*

Disadvantaged: A small business concern that is at least 51% owned by one or more socially and economically disadvantaged individuals (or a publicly owned business having at least 51% of its stock unconditionally owned by one or more socially and economically disadvantaged individuals) and whose management and daily business operations are controlled by one or more such individuals.

Business Classification (cont.)

Check applicable description*

Women Owned Business: A business concern that is at least 51% owned, controlled and operated by a woman or women.

Minority Large Business: A business concern which meets the criteria and definition of “Disadvantaged” business, but which is not a small business by the SBA size standards.

Women Owned and Disadvantaged Business: A business concern that is at least 51% owned by one or more socially and economically disadvantaged women (or a publicly owned business having at least 51% of its stock unconditionally owned by one or more socially and economically disadvantaged women) and whose management and daily business operations are controlled by one or more such women.

Veteran-Owned Small Business: A business that is at least 51% owned and controlled by one or more Veterans and whose management and daily business operations are controlled by one or more Veterans.

Service-Disabled Veteran-Owned Small Business: A business that is at least 51% owned and controlled by one or more Service-Disabled Veteran and whose management and daily business operations are controlled by one or more Service-Disabled Veteran. In the case of a Veteran with a permanent or severe disability, a spouse or permanent caregiver can control the management and daily business operations.

HUB Zone Small Business: A historically underutilized business zone, which is an area located within one or more qualified census tracts, qualified nonmetropolitan counties, or lands within the external boundaries of an Indian reservation.

Applicant hereby certifies that the information submitted herein is accurate and complete. Applicant further acknowledges that NEC’s receipt of such application does not constitute approval of or a commitment to approve such application. Applicant shall not be authorized to commence any activities relating to the purchase, resale or service of any NEC Enterprise or SMB System products until Applicant and NEC have executed an Agreement by their duly authorized representatives.

Submitted By (Principal of Company)*

Signature*

Date*

Print Name*

Title*

Once form is completed, please email to ETUSalesOps@necam.com.

If applying for a line of credit as part of the Solution Integrator Application, please email the Solution Integrator Application and Credit Application together to ETUSalesOps@necam.com.

COMPANY NAME: _____

Providing false or misleading information in this Application or any supplement thereto will result in termination, in full or in part, effective immediately, without liability for said termination, should your application be approved.

I further agree that I have answered the questions on this Application in a truthful manner, and if the circumstance surrounding my answers change, or my answers themselves change, I will immediately inform NEC of the changes. I fully understand that by informing NEC of those changes, NEC may immediately terminate my Solutions Integrator Agreement.

I understand that, if approved as an Solutions Integrator, any products and services provided by NEC are exclusive of any taxes, including but not limited to Federal Excise Taxes which may be imposed, State and Local Sales Taxes and/or Use Taxes and said taxes will be added as applicable unless NEC is provided with a valid exemption certificate(s).

The undersigned party represents and warrants that they have full power and authority to sign this Application.

SIGNATURE: _____

BY (Printed Name): _____

TITLE: _____

DATE: _____