

# Partner Program Application Form

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Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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Number of Employees     Under 25     26-100     101-500     501-999     1000+

Annual Revenue         Under 1m     2-10m     11-100m     101-500m     Over 500m

Ticker Symbol: \_\_\_\_\_ No. of Customers: \_\_\_\_\_

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1) Please describe your interest in establishing a partnership with eOn Communications.

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2) Please describe the type of proposed relationship you prefer, and your expectations of what comprises a successful partnership.

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3) Please describe your organization's products and service offerings, and how they might interoperate with eOn's customer solutions.

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4) Please describe your perception of the "customer win" realized through a partnership with eOn.

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5) Please provide examples of your most significant customers.

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6) Please provide at least two customer references, including contact information and a brief synopsis of the solutions you implemented with them.

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Please return completed Partner Application to:

eOn Communications

4105 Royal Drive NW • Kennesaw, GA 30144

Tel 770.423.2200 • Fax 770.423.2228 • [www.eoncommunications.com](http://www.eoncommunications.com)