

Partner Application

ALL SECTIONS MUST BE COMPLETED.

Note: Submittal of this application does not guarantee acceptance into the ACCELRY'S Alliance. Applications will be reviewed and applicants notified of their status.

General Information

Company Name	
Date company established:	
Annual Revenue \$:	
Number of employees	
Company Address	
City	
State / Province <i>(Please type N/A if this field does not apply to you.)</i>	
Country	United States
Zip/Postcode	
Web Address	
Primary Contact	
Title	
Telephone	
E-mail	
Fax	

Please indicate the geographies in which you have an interest in partnering:

- Americas (United States, Canada, and Latin America)
- EMEA (Europe, Middle East, and Africa)
- Asia Pacific

Executive Summary

1. Provide a brief description of your company:
2. Describe the market/industry targeted by your company:
3. What specific benefits can your company provide to ACCELRYN? (Provide details of customer and country expertise and details of services to be provided in the event your application is accepted.
4. What benefit do you perceive that your customers will achieve through your participation in the ACCELRYN Alliance?

Product Experience Overview

1. Years of experience using ACCELRYN software:
2. Describe your company's expertise with ACCELRYN products:
3. Name(s) of person(s) with ACCELRYN software expertise:
4. Please list any ACCELRYN-related activities your company has participated in during the past year (e.g., papers/books written, seminars/conferences/trade shows attended, user group meetings attended, conferences attended, etc.).

ACCELRYN Training Courses taken (within last two years):

Course	Attendee	Location	Date

Partner Application

U.S. Applicants Only: Indicate if you qualify under federal regulations as (check only one category):

SBA Criteria

- Small Business
- Minority Small Business
- Woman-Owned Small Business
- Veteran-Owned Small Business
- Disabled Veteran-Owned Small Business

Business Enterprise

- Minority
- Woman-Owned

SBA Certified (Provide copy of Certificate)

- Minority Disadvantaged Small Business
- HUBZone Small Business
- Minority HUBZone Small Business
- Woman-Owned HUBZone Small Business

Europe, Middle East and Africa Applicants ONLY: (provide information for questions 1 - 4 below):

1. Provide copy from the Commercial Register showing company registration details or Taxpayer Identification Number
2. Provide Directors' details: name, other directorships and employments held:
3. For private companies only, provide Shareholder details: name, percentage of ownership(s):
4. Banking details:
 - Account Name:
 - IBAN#:
 - BIC:

Additional Comments:

The information on this Application is accurate to the best of my knowledge.

Name:

Title

Date:

Note that ACCELRY S reserves the right to select or reject applicants for any ACCELRY S Alliance program

Partner Application

Customer References

Please provide up to three customer references from the past 12 months. By completing this section, you are giving ACCELRY'S permission to contact each of these references.

Name:	
Title	
Company:	
Address:	
Telephone:	
E-mail:	
Industry:	
Application/Services provided:	
Date of Service:	
ACCELRY'S software/solution provided/involved in the service:	

Name:	
Title	
Company:	
Address:	
Telephone:	
E-mail:	
Industry:	
Application/Services provided:	
Date of Service:	
ACCELRY'S software/solution provided/involved in the service:	
Name:	

Partner Application

Title	
Company:	
Address:	
Telephone:	
E-mail:	
Industry:	
Application/Services provided:	
Date of Service:	
ACCELRYS software/solution provided/involved in the service:	