



BRIJOT IMAGING SYSTEMS, INC. CHANNEL PARTNER APPLICATION FORM
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A. ORGANIZATION

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		
Other Key Employees		
Name	Title	Telephone no. and e-mail
Current Owners		
Name of Owner:		
Ownership interest:		
Previous Owners:		

1. PREVIOUS OR OTHER COMPANY NAMES

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Name:		
Address:		
City/Region:	Country:	Postal Code:

2. NAME OF PARENT COMPANY

Company Name:		
Address:		
City/Region:	Country:	Postal Code:

3. NAME OF SUBSIDIARY COMPANY

Company Name:		
Address:		
City/Region:	Country:	Postal Code:

4. NAME OF ASSOCIATE COMPANY

Company Name:		
Address:		
City/Region:	Country:	Postal Code:



5. NAME OF BRANCH OFFICE

Company Name:		
Address:		
City/Region:	Country:	Postal Code:

B. COMPANY INFORMATION

Year Established:	Number of Employees:
Company Activity: (select all that apply)	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Company
<input type="checkbox"/> Exclusive distributor	<input type="checkbox"/> Franchiser
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Other (please specify):
Annual Sales Range (\$ US):	
Affiliates:	
Registration Numbers (as applicable):	
Federal EIN:	
DUNS #:	
CAGE Code (if appropriate):	
Other (local registration):	
Florida Sales Tax Exemption: Are you exempt from the state of Florida Sales tax? If yes, please provide a copy of the Florida Exemption or Resale Certificate. Remittance of Sales or Use Tax if applicable will be the responsibility of the buyer.	
Import from:	
Export to:	

C. FOREIGN FIRMS REPRESENTED (Name and Address)

Company Name:		
Contact Person and Title:		
Address:		
City/Region:	Country:	Postal Code:
Products/Services:		
Company Name:		
Contact Person and Title:		
Address:		
City/Region:	Country:	Postal Code:
Products/Services:		

D. U.S. TRADE REFERENCES

Company Name:
Contact Person and Title:
Address:

City/Region:	Country:	Postal Code:
Products/Services:		
Company Name:		
Contact Person and Title:		
Address:		
City/Region:	Country:	Postal Code:
Products/Services:		

E. TRADE REFERENCES - LOCAL SUPPLIERS

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		

F. TRADE REFERENCES - LOCAL CUSTOMERS

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		

G. BANK REFERENCE

Bank Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		

H. NAMES OF MEMBER ASSOCIATIONS

I. FINANCIAL DOCUMENTS

Can your company provide us with a copy of your latest profit/loss statement, assets, liabilities and/or copy of latest annual report? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no financial information can be made available, please state reason.

THIS SECTION IS FOR COMPLETION BY A COMPANY WITH A MANUFACTURING FACILITY

Name of Factory:	
Address:	
Joint Venture with:	
Date Production Started:	Site Area:
Products Manufactured	Volume of Production Per Month

Completed by:	
Date:	

