

Carrier Partner Application

SECTION 1: COMPANY INFORMATION

Company Name

Company Type

Corporation

Limited Liability Company

Sole Proprietorship

Other

Street Address

Suite/Floor

City

State

Zip

Website Address

Phone Number

Fax Number

FEIN/SSN

Twitter Name

CEO/President

Year Established

Brief History

Target Market

Industry

Market Presence

SECTION 2: PRODUCTS & SERVICES PORTFOLIO

In this section, please show how your company is addressing the convergence of IT & Telecom services in its product and service portfolio.

Product & Services (*check all that apply*)

App Development
Call Center / Contact Center
Cloud Communication
Cloud Computing (IaaS)
Cloud Computing (SaaS)
Collocation / Hosting
Conferencing & Collaboration (video / audio / web)
Data Backup & Recovery
Data Protection
Data Storage
Managed IT
Managed PBX / UC
Managed WAN
Mobile Device Management
Software
Security
Telecom (local & long-distance)
Telecom Expense Management
Unified Communications
VoIP (not hosted, but site-to-site, local, or long-distance)
Wide Area Networking (Ethernet / MPLS)
Wireless (Cellular) Voice & Data
Wireless Broadband Access
WLAN (WiFi in building)
Other

SECTION 3: CONTRACTS ADMIN

How would you like us to provide you with information on contract change requests from the client/end user - up to and including termination requests?

Client Only
Partner
and Client

Additional
Info

SECTION 4: IMPLEMENTATION

In this section, please tell us how to best work with your team in implementation of new services.

TRACKING ORDERS

Do you have a tool or a special format you would like us to use to track orders?

Yes (if yes, please attach)
No

COMMUNICATION OF DISPATCHES

In the event that we must dispatch to the client location, who should we notify?

Client
Partner
Both

SITE SURVEYS

In the event that we have to conduct a site survey, who should we contact?

Client
Partner
Both

Do you have resources available to conduct site surveys?

Yes
No

If yes, please elaborate.

Do you have a specific form you would like us to utilize for site surveys?

Yes (if yes, please attach)
No

CABLING & WIRING

In the event that we must extend a D-MARC, do you have a budget to cover it?

Yes
No

If yes, please elaborate.

In the event that we must extend a D-MARC, do you have a specific contractor that you would like to use?

Yes
No

If yes, would you like Allied to contact this contractor?

Yes
No

If you answered "yes" to the question above, please provide the following information:

Contractor's Company Name

Contractor POC Name

Contractor POC Phone

Email