

ReproMAX Partner Application

Thank you for your interest in ReproMAX. ReproMAX is the premiere global network of independent Wide Format printers seeking a competitive advantage through the use of progressive technology, industry leading education and information sharing. In order for your company to be considered, all information requested in this application must be furnished. Please contact our office with any questions or for clarification.

This form is submitted as an application to become a ReproMAX Partner. I certify that all information provided here to be true and complete.

Company _____

Authorized Representative* _____

Signature _____

Date _____ Title _____

* An officer or a principal of the corporation must sign application.

Please return this completed application with any supporting material you feel relevant via email to renee@repromax.com , or via U.S. mail to:

ReproMAX
1065 Executive Parkway, Suite 210
St. Louis, MO 63141

Company Profile

Firm Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email address: _____ Web Site: _____

Type of Business: Corporation Partnership Sole Proprietorship ESOP

Other (please specify) _____

Month/Year Business Started: _____

Name of Owners or Principal stockholders:

1. _____

2. _____

3. _____

State resale/wholesale no. _____

Management (Please give full name)

CEO: _____

CFO: _____

Manager of Marketing/Sales: _____

Technical Managers: _____

Marketing Information

1. Describe the geographic location(s) of the marketing area(s) you now service

2. Number of locations _____

Number of outside sales reps. _____

Number of inside sales reps. _____

*** List additional locations on last page**

3. Total number of employees at all locations _____

4. Are you planning or contemplating an expansion of your current marketing area?

Yes No

If so, what location(s) are you considering? _____

5. Is your company affiliated with other Wide Format print service providers?

Yes No

If yes, which one(s)? _____

Please describe the affiliation: _____

6. Please list the main services you sell: _____

7. Number and names of major competitors in your market area: _____

8. Does your firm Sell/FM Wide Format color equipment, media and supplies? Yes No
If yes, list the major brand(s) represented _____

Do you provide service for equipment sold? Yes No

If yes, number of service technicians _____

9. Please list your digital services, production equipment: _____

Revenue Profile

ReproMAX will hold all financial information in strict confidence. It is not necessary to give exact numbers for each of the profit centers listed below, but please use your best estimate. If you have other services, which are not listed, please attach a separate page.

Product / Service	% of Gross Sales	Total Sales
Wide Format Color Services:	%	\$
Equipment Sales/Placement:	%	\$
Consumables/Supplies Sales:	%	\$
Wide Format Reprographic Services:	%	\$
Other (Specify):	%	\$
Grand Total:	100%	\$

One of the benefits of belonging to ReproMAX is the exchange of information between and among members. Are you willing to share information with other ReproMAX members? Yes No

Branch Locations

Street, City, Zip _____

Phone _____ Fax _____

Street, City, Zip _____

Phone _____ Fax _____

Street, City, Zip _____

Phone _____ Fax _____

Street, City, Zip _____

Phone _____ Fax _____

Street, City, Zip _____

Phone _____ Fax _____