

ReproMAX Partner Application



2014

Thank you for your interest in ReproMAX. ReproMAX is the premiere global network of independent reprographers and printers seeking a competitive advantage through the use of progressive technology, industry leading education and information sharing. In order for your company's application for a ReproMAX Partner 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 our application to become a ReproMAX Partner. I certify that all information provided here to be true and complete. I hereby authorize those vendors and financial organizations listed in this application to release whatever necessary information may be required by the ReproMAX office to qualify our firm as a Partner.

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: _____ Facsimile: _____

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 (*attach another sheet if necessary*):

1. _____

2. _____

3. _____

State resale/wholesale no. _____

Management (*Please give full name*)

*CEO: _____

CFO: _____

*Manager of Marketing/Sales: _____

*Technical Managers:

AEC: _____

Digital Services: _____

Wide Format Color: _____

**This person will be listed as the main contact on rosters, for communications, etc.*

Credit Information

(Please list major reprographic trade references)

1. Name _____ Contact _____
Address _____ Title _____
City, State, Zip _____ Phone _____

2. Name _____ Contact _____
Address _____ Title _____
City, State, Zip _____ Phone _____

3. Name _____ Contact _____
Address _____ Title _____
City, State, Zip _____ Phone _____

4. Name _____ Contact _____
Address _____ Title _____
City, State, Zip _____ Phone _____

Bank Reference:

Name _____ Contact _____
Address _____ Title _____
City, State, Zip _____ Phone _____

Marketing Information

1. Describe the geographic location(s) of the marketing area(s) that you now service (by zip codes, city, county). Please attach a map, if available:

2. Number of locations _____

Number of in-plants (FM's) _____

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. Estimate your market share percentage _____

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

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

6. Is your company affiliated with other Reprographics firms? _____

If so, which one(s)? _____

Please describe the affiliation: _____

7. How do you think your company will progress in the next 5 years? _____

8. Major customer types* (estimate by % of sales)

A/E/C _____ GRA _____ IND _____ CEM _____ LGL _____ EGY _____

UTL _____ MISC _____

*A/E/C: architectural, engineering and building contractors; GRA business graphics such as exhibits, displays, advertising; IND: industry and manufacturing; CEM: civil engineers, cartography, surveyors, landscape and land use planning; LGL: legal; EGY: energy, mining and exploration; UTL: public and private utilities; MISC: all others not previously classified.

9. Please list the main services you sell: _____

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

11. Does your firm Sell/FM reprographic equipment, media and supplies? _____

If yes, list the major brand(s) represented _____

Do you provide service for equipment sold? _____

Number of service technicians _____

12. Does your firm sell digital software solutions and services? _____

13. Please list your digital equipment (AEC & Color): _____

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
AEC Reprographic Services:	%	\$
Color Services:	%	\$
Software Sales/Services:	%	\$
Equipment:	%	\$
Merchandise/Supplies Sales:	%	\$
Other (Specify):	%	\$
Grand Total:	100%	\$

1. Is your organization active in the industry? _____ If so, in what way: _____

2. Has the CEO/Owner held an office in or belonged to a related association? _____

If so, please describe _____

3. 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? _____

4. Briefly state your reasons for applying to become a ReproMAX Partner.

5. How did you hear about ReproMAX? _____

Branch Locations

Street, City, Zip _____

Phone _____ Facsimile _____

Street, City, Zip _____

Phone _____ Facsimile _____

Street, City, Zip _____

Phone _____ Facsimile _____

Street, City, Zip _____

Phone _____ Facsimile _____

Street, City, Zip _____

Phone _____ Facsimile _____