

TelreCALL Business Partners Questionnaire Form

General Details

Date: _____

Company Name: _____

Contact Person: _____ Mobile: _____

Designation: _____ Tel: _____

Address: _____ State: _____ Zip: _____

Fax: _____ Email: _____

Country: _____ Url/Web: _____

Founded (Year): _____ Subsidiaries: _____

Ownership ☐ Private ☐ Public ☐ Branch Offices 1.

Structure ☐ Proprietary ☐ Listed ☐ Address (If any) 2.

Company Employee Data

No. of Employees _____ Full Time _____ Part Time _____
Sales _____ Marketing _____ Technical _____ Admin _____

Certifications

☐ AVAYA ☐ CISCO ☐ NORTEL ☐ Microsoft ☐ NEC ☐ Alcatel ☐ ERICSSON
☐ Others Specify _____

Business Focus

<input type="checkbox"/> Networking Products	Specify _____
<input type="checkbox"/> PBX, Telecom Products	Specify _____
<input type="checkbox"/> Current products being promoted	Specify _____
<input type="checkbox"/> Call Center Solutions	Specify _____
<input type="checkbox"/> IT Hardware Services	Specify _____
<input type="checkbox"/> Consultant	Specify _____
<input type="checkbox"/> Others	Specify _____

Sell in (Industry Vertical): _____

Sales Channels

☐ Direct ☐ Indirect ☐ Project ☐ Consulting

No. of Dealers/Resellers National _____ International _____

Geographic Business Area _____

Sales Turnover (In USD) _____

Expected Turnover in our line of business (In USD) _____

Products interested in _____

Authorized Signature: _____

Business Brief:

Major installations in last 3 years:

Product	Industry	Price (USD)

Authorized Signature and Stamp: _____