



Acer
VAR
Partner
Program
Australia



Application Form
SMB Dealer Edition

Application for Acer VAR Partner program

Thank you for your interest in the Acer VAR Partner program. Please complete all sections of this document and return to your authorised Acer Distributor or local Acer Channel Manager.

IMPORTANT:

- Completion and submission of this Application Form does not implicate approval.
- Approval is subject to certain conditions and criteria.
- Only approved applicants may use the denomination 'Acer VAR Partner'
- To maintain the integrity of the Accreditation, Acer will conduct regular performance reviews.

SECTION 1: BUSINESS DETAILS

Please provide an overview of your business for our records

Tick one: <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole trader <input type="checkbox"/> Other:				
Trading Name: Note: Rebate cheques will be made payable to this Trading Name				
Applicant Name (Company or individual):				
ACN:		ABN:		
Year commenced business:		Year purchased by current owners:		

Primary business address: (Head office):		
Suburb:	Postcode:	State:
Revenue (last FY):	Number of Employees:	
Website details:		
Telephone and Fax details:		

SECTION 2: KEY BUSINESS CONTACTS

Please provide details of the key contacts in your organisation

First Name:	Surname:	Position: Managing Director
Phone:	Mobile:	E-mail:

First Name:	Surname:	Position: Finance Director (or equiv.)
Phone:	Mobile:	E-mail:

First Name:	Surname:	Position: Sales Director (or equiv.)
Phone:	Mobile:	E-mail:

First Name:	Surname:	Position: Marketing Director (or equiv.)
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Phone:	Mobile:	E-mail:
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SECTION 3: PREFERRED DISTRIBUTOR

Please select the Authorised Acer Distributors from the list below as your preferred Distribution partners for the Acer VAR Partner program. Acer sales are aggregated from the nominated Distributors and rebates paid by Acer on a quarterly basis.

- | | | |
|--|--|---|
| <input type="checkbox"/> Bluechip Infotech | <input type="checkbox"/> Compu Wholesale | <input type="checkbox"/> Ingram Micro |
| <input type="checkbox"/> Cellnet | <input type="checkbox"/> Synnex | <input type="checkbox"/> XIT Distribution |

SECTION 4: BUSINESS ADDRESS DETAILS

Please provide details of each of your business addresses (if more than one location or branch)

BUSINESS ADDRESS #1		
Address Line1:		
Address Line2:		
Suburb:	Postcode:	State:
Telephone:	Facsimile:	
Web-site:		
Key contact at this branch:		
Does this branch have a retail Point-of-Sale presence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like this branch listed on Acer's Dealer Locator? <input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS ADDRESS #2		
Address Line1:		
Address Line2:		
Suburb:	Postcode:	State:
Telephone:	Facsimile:	
Web-site:		
Key contact at this branch:		
Does this branch have a retail Point-of-Sale presence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like this branch listed on Acer's Dealer Locator? <input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS ADDRESS #3		
Address Line1:		
Address Line2:		
Suburb:	Postcode:	State:
Telephone:	Facsimile:	
Web-site:		
Key contact at this branch:		

Does this branch have a retail Point-of-Sale presence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like this branch listed on Acer's Dealer Locator? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 5: SALES BUDGET

As an Acer VAR Partner, your annual budget for Acer purchases aggregated through the nominated list of Acer Authorised Distributors is set out below:

Quarterly Sales Budget	Quarterly Rebate
<\$65,000 per quarter	0%
\$65,000 ~ \$100,000 per quarter	1.0%
>\$100,000 + quarter	2.0%
Joining Performer Bonus for achieving 2 x consecutive quarters of \$100,000 +	\$10,000

Expected Annual Acer sales:	\$
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SECTION 6: PROGRAM PARTICIPATION

Please tick each of the programs below that you would like the opportunity to participate in as part of the Acer VAR Partner program.

Acer Connect Weekly

- I would like my team to receive the latest promotional offers and information from Acer via AcerConnect Weekly, a weekly e-publication and communication from Acer.

Acer e-Academy

- I acknowledge that as a part of this program at least one (1) sales representative from my organisation must participate in Acer e-Academy training in each product category.

Acer Buyers Guide

- I would like the option to have customised editions of the Acer Buyers Guide featuring my business details.

Website: Logo, Link and Web banners

- I would like the option to have customised logo's, web banners and links to assist in the accreditation and promotion of my business as an Acer SMB Dealer

Acer Dealer Locator

- I would like each of my business addresses detailed in this application listed on Acer's Dealer Locator.

SECTION 7: SIGN-OFF

I hereby declare that the information in this application is true and correct.

Signed:		Date:
First Name:	Surname:	Position: