



**Contact for Dealer Inquires:**  
Chris Dodds, President  
cdodds@visionfm.com  
Phone: 888-654-9435  
Fax: 905-761-6394

## **VisionFM Value Added Reseller Application**

### **Application Instructions**

The Value Added Reseller (VAR) program is intended for companies that are in the full time business of implementing CAFM/CMMS software solutions. Typically these include Facilities Management firms, Design firms, CAD dealers and companies specializing in space measurement and data collection.

#### **The Application Process**

This document contains a reseller application. Complete the form and fax it to Vision at (905) 761-6394. Vision will review the application and contact you. Upon acceptance you will be mailed a Dealer Agreement and an invoice for the dealer program. When Vision receives the signed agreement and payment you will be shipped your Not-for-resale and For-resale copies of VisionFM, and you will be required to send at least one of your implementation staff for Administrator training within the first three months.

#### **Cost of the Reseller Program**

VisionFM VAR's are required to purchase a For-Resale copy of VisionFM (VisionFM Enterprise, Web Server, Event Notification Server) at full list price, \$34,500 U.S (41,500 CND). In addition to the For-Resale copy the Reseller also receives;

- One Not-for-resale copy of VisionFM for use in the support and implementation of VisionFM clients.
- 30% off the list price of software and 20% off VisionFM services resold to your clients.
- Administrator training at Vision's office.
- All future upgrades while a VisionFM VAR.
- Telephone and e-mail technical support.
- Marketing materials.
- Sales leads and other marketing support as available.

#### **When to Apply for the Reseller Program**

Dealer training courses take place every eight to twelve weeks. Upon becoming a VAR one member of your company must attend training within three months. The reseller program must be paid for before attending training or receiving software.



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### **Answers to Typical Questions**

**As a Dealer, what am I expected to offer to clients?**

Vision expects its dealers to be able to promote VisionFM locally through direct sales efforts. The Dealer must also offer training, technical support, and implementation services.

**Will Vision authorize my company if I sell competitive software?**

Yes, we realize that many software packages fill a particular niche. But, when distributing leads or recommending dealers, a preference will be placed on dealers that focus on VisionFM.

**Where can I sell VisionFM?**

You can sell VisionFM anywhere in your country. However, sales methods are limited to direct sales only. Sales by mail order, over the Internet, by auction, etc. are not permitted.

**Is there a minimum quantity I must sell to maintain authorization?**

We expect dealers to be able to sell three copies annually as a minimum, however we realize that large projects and other commitments can affect a dealers sales and we take that into account when reviewing performance.

**How many dealers will there be in my area?**

Vision reserves the right to authorize as many dealers as we feel necessary. This varies based on population, dealers past performance and areas of expertise.

**How many people can I send for training?**

Unlike other software companies Vision does not charge our dealers for training. Vision offers several courses in the use of VisionFM, its administration and customization. Dealers are invited to send three people a year for training. Travel and accommodations are the Dealers responsibility.



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## VisionFM Value Added Reseller Application

Please print

### Applicants Company Information

Company Name: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the applicant company a subsidiary of a parent company? If so, provide parent company information.

Company Name: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Company Ownership / Management

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip Code: _____
Purchasing Officer: _____	
Accounts Payable: _____	

### Company Specifics

Total Number of Employees: \_\_\_\_\_  
 FM Software Technical Staff: \_\_\_\_\_  
 FM Software Sales Staff: \_\_\_\_\_  
 Years in Business \_\_\_\_\_  
 Years Promoting FM Software \_\_\_\_\_

### Products

FM Software: \_\_\_\_\_  
 CAD Software: \_\_\_\_\_



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## VisionFM Value Added Reseller Application

**Sales Region** (Describe your sales territory and the location of any regional offices)

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**Areas of expertise in the facilities management field** (select all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Space Management                 | <input type="checkbox"/> Asset Management                                 | <input type="checkbox"/> Lease Management        |
| <input type="checkbox"/> Move Management                  | <input type="checkbox"/> Capital Planning                                 | <input type="checkbox"/> Contract Management     |
| <input type="checkbox"/> Maintenance / Work Order Systems | <input type="checkbox"/> Drafting and Design                              | <input type="checkbox"/> Project/Cost Management |
| <input type="checkbox"/> Executive Information Systems    | <input type="checkbox"/> Network and Telecommunication Systems Management |  |
| <input type="checkbox"/> Other _____                      |   |  |

**Other areas of expertise** (select all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> GIS           | <input type="checkbox"/> Networking | <input type="checkbox"/> Document Management |
| <input type="checkbox"/> Architectural |                                     |  |
| <input type="checkbox"/> Other _____   |                                     |  |

**Services offered** (select all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Facilities management consulting | <input type="checkbox"/> Training      | <input type="checkbox"/> Technical Support     |
| <input type="checkbox"/> Installation                     | <input type="checkbox"/> Customization | <input type="checkbox"/> Scanning / Conversion |
| <input type="checkbox"/> Data Collection / Site Surveying |  |  |
| <input type="checkbox"/> Other _____                      |  |  |

**Indicate your company's vertical markets** (select all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Fortune 500               | <input type="checkbox"/> Government    |
| <input type="checkbox"/> Health Care        | <input type="checkbox"/> Education / Institutions  | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Mining / Resources | <input type="checkbox"/> Publishing / Broadcasting | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> Retail             | <input type="checkbox"/> Transportation            | <input type="checkbox"/> Utilities     |
| <input type="checkbox"/> Other _____        |  |  |

**Indicate your companies marketing methods** (select all that apply)

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Seminars    | <input type="checkbox"/> User Groups   | <input type="checkbox"/> Web Site   |
| <input type="checkbox"/> Other _____ |  |                                     |

**Signature of authorized representative**

Signature: _____	Phone: _____
Name (print): _____	Fax: _____
Title: _____	E-mail: _____



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## VisionFM Value Added Reseller Application

### VisionFM Reseller Credit Application

Please print

#### Applicants Company Information

Company Name: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Company Owner/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company Owner/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company Owner/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Accounts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_

#### References (Please provide your bank information and three trade references).

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Trade Reference #1: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_ Fax #: \_\_\_\_\_

Trade Reference #2: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_  
 City / State / Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature of an Authorized Representative: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Date: \_\_\_\_\_