



Visible Inventory Alliance Questionnaire

Name of Company: _____ Contact: _____
Phone: _____ Fax: _____
Headquarters Address: _____

State : _____ Zip Code: _____
E-Mail: _____ Web Site: _____

- **What is the Primary Business of your Company?:** _____
- **What was your Annual Revenue last year?:** _____
- **How many Employees do you have?:** _____
- **Which Vertical Markets are you addressing?:** _____
- **Do you already have partners ?** _____
If Yes, which ones?: _____
- **What software applications products do you sell ?** _____
- **Have you sold or are currently selling any related products and services?** YES NO
If Yes please list the products and or services you sell and or support.

If Yes Are you interested in adding new products to your portfolio? YES NO

If No Are you interested in selling this type of products? YES NO

How do you sell your products and services?

Directly to end users. _____ %
Through distribution _____ %
Other _____ %

Do you provide?

- Implementation Services YES NO
- Integration Services YES NO
- Training Programs YES NO
- Consulting Services YES NO
- 5X8 Hotline Support YES NO