

COMPANY INFORMATION		
Company Name:		
Name of applicant:		
Applicant Email:		

ADDRESS AND CONTACT		
City:	Country:	State/Province:
Zip/Postal Code:	Fax:	Phone:
Website:	Number of Employees:	

CEO/PRESIDENT	
First Name:	Last Name:
Title:	
Phone Number:	
Email Address:	

SALES CONTACT	
Primary Contact Name:	Backup Contact Name:
Primary Contact Title:	Backup Contact Title:
Primary Contact Phone:	Backup Contact Phone:
Primary Contact Email:	Backup Contact Email:

SALES OPERATION CONTACT	TECHNICAL CONTACT
Name:	Name:
Title:	Title:
Phone Number:	Phone Number:
Email Address:	Email Address:

BUSINESS INSIGHT			
Company expected growth % for the next three years:			
What areas does your business focus on? (Vertical) Select all that apply.			
Retail & Hospitality	Manufacturing	Transportation & Logistics	
Public Sector	Healthcare	OEM	Other
What areas does your business focus on? (Products) Select all that apply.			
Mobile Computers & Terminals	Printers	Barcode Scanners	Label tags & Ribbons
Networks	Repair and support	Software	RFID
Other			

What is the percentage of your business?		
(% Split of Hardware):		
(% Split of Software):		
(% Split of Service Business):		
Do you develop your own software?	Yes	No

Please fill out this form and submit to Newland channel team(channel.notice@nlscan.com) or Tonna Tang (tangna@nlscan.com)