



# Partner Program Application

Thank you for your interest in the Blosm Partner Program.  
To apply, please complete the following fields:

## COMPANY INFORMATION

<b>Company Name:</b>	
<b>Address:</b>	
<b>City:</b>	<b>State/Province:</b>
<b>Postal Code:</b>	<b>Country:</b>
<b>Website URL:</b>	

## PRIMARY CONTACT

<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Tel:</b>

## TECHNICAL CONTACT

<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Tel:</b>

## SALES CONTACT

<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Tel:</b>

## MARKETING CONTACT

<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Tel:</b>

PLEASE INDICATE THE MODEL(S) THAT BEST DESCRIBE YOUR BUSINESS:

- Agency     Systems Integrator     Platform     Other

WHAT SERVICES DO YOU CURRENTLY OFFER?

1.
2.
3.

WHAT PRODUCTS DO YOU CURRENTLY OFFER?

1.
2.
3.

WHAT IS YOUR NUMBER OF EMPLOYEES?

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AUTHORIZED SIGNATURE:

<b>Signature:</b>	<b>Printed Name :</b>
<b>Date:</b>	<b>Title:</b>

Thank you for your interest in the Blossm Partner Program.  
Please send your application to ***partner@blosm.com***

