

# Technology Partner Application

Please fill out the form below and fax your Reseller Partner Application to eFlex CMS at: 1-609-482-8395.

\_\_\_\_\_  
Your Full Name (Printed)

\_\_\_\_\_  
Your Position/Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Company Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Street Address 2

\_\_\_\_\_  
How Did You Find eFlex?  
(Web search, Advertisement, Referral, Etc.)

\_\_\_\_\_  
Company City, State & ZIP

\_\_\_\_\_  
If Referral, Who Referred You?

\_\_\_\_\_  
Your Industry (Marketing, Web, Advertising, Etc.)

Are you interested in integrating your technology within eFlex CMS?  
 Yes  
 No

\_\_\_\_\_  
# of Employees at Your Company  
(1-10, 11-25, 26-50, 50+)

Are you interested in integrating eFlex technology within your solution?  
 Yes  
 No

\_\_\_\_\_  
Primary Vertical Markets Served  
(HealthCare, Technology, Retail, Etc.)

Please describe your technologies and your vision for how this relates to eFlex:

Additional Thoughts for the eFlex Team: