

Partner Application Form



Please fill in this questionnaire and send it back via fax +49 (0) 71 34 / 9 61 96 – 99
or via email to marketing@ids-imaging.com

page 1/2

Company Name	
Address	
Zip Code/City	
Country	
Website	

Title	
First Name	
Last Name	
Dept./your position	
Phone/Fax	
Email	

Company Profile	
Legal form	
Foundation	
turnover (last year/last 12 months)	
Number of employees	
Thereof in sales	
Imaging/Machine Vision since	
Security/Video Surveillance since	

Business Category			
Distributor	<input type="checkbox"/>	System Integrator	<input type="checkbox"/>
Value Added Reseller	<input type="checkbox"/>	Other	<input type="checkbox"/>

Requested distribution products	
Imaging / Machine Vision	<input type="checkbox"/>
uEye	<input type="checkbox"/>
Frame Grabber	<input type="checkbox"/>
Security / Video Surveillance	<input type="checkbox"/>
iGuard	<input type="checkbox"/>

Requested distribution area

Present portfolio of your company in general and other companies (and their products) you represent (please describe)

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page 2/2

Current businesses you are in (please describe your activities)

Your main target groups and branches

Your experiences and core competencies

What is your aim/ambition and what are your expectations working with IDS?