

ASME Partner Program Application Form

Please complete the application for membership in the ASME Partner Program. If you have questions about the application or process, please contact us on sales@asmesecurity.com or +971 488 72595.

Partner Application Process:

1. Fill out the application form and return to sales@asmesecurity.com
2. We will review your application internally and see if you meet the Program Requirements.
3. You will be notified if you qualify to become an ASME Partner Program Member.
4. Once qualified we will send you our Partner Agreement to sign and complete the onboarding process.
5. You will then receive your Welcome Pack and Letter of Authority, as well as all the tools you need to access the benefits and grow your business with the ASME Partner Program.

All * fields are required. Incomplete requests may delay processing or be denied from further consideration.

PARTNER INFORMATION	
Partner Application Type: *	<input type="checkbox"/> Distributor <input type="checkbox"/> VAR <input type="checkbox"/> SI/Installer <input type="checkbox"/> End-User
Company Name (Official): *	
Trading Name: *	
Parent Company Name:	
Application Completed by: (Full Name)*	
Where are you located? *	<input type="checkbox"/> Middle East <input type="checkbox"/> Africa <input type="checkbox"/> Europe <input type="checkbox"/> Other
Company Website: *	http://www.
Referred By: (Enter First AND Last name):	
What is your organization's total annual revenue: *	<input type="checkbox"/> Less than \$1 Million <input type="checkbox"/> 1-5 Million(\$) <input type="checkbox"/> 10-25 Million(\$) <input type="checkbox"/> 25-50 Million(\$) <input type="checkbox"/> 5-10 Million(\$) <input type="checkbox"/> Over 50 Million(\$)
How many years has your company been in business? *	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-6 years <input type="checkbox"/> 7-10 years <input type="checkbox"/> Over 10 years
How many active customers does your company have? *	<input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> Over 100
What is your expected revenue growth over the next 12 months? *	<input type="checkbox"/> No Growth <input type="checkbox"/> Less than 5% <input type="checkbox"/> 5% - 15% <input type="checkbox"/> Greater than 15%
What proportion of your revenue is selling security solutions? *	<input type="checkbox"/> Less than 25% is security systems <input type="checkbox"/> 25% - 75% is security systems <input type="checkbox"/> More than 75% is security systems

Which of these statements best describes your investment in selling security solutions? *	<input type="checkbox"/> Dedicated Security Focus <input type="checkbox"/> Defined Security Business Unit <input type="checkbox"/> Part of a wide range of solutions your business offers
What proportion of your revenue comes from selling products vs. services? *	<input type="checkbox"/> Greater than 40% is from Services <input type="checkbox"/> 20% - 40% is from Services <input type="checkbox"/> Less than 20% is from Services
What is your emphasis on customer support and post-sale services? *	<input type="checkbox"/> It is a Competitive Differentiator <input type="checkbox"/> It is offered and is Reactive <input type="checkbox"/> It is Limited or not offered
How many branch offices does your company have? *	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> Over 10 branches
How many employees does your company have? *	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10-50 <input type="checkbox"/> Over 50
What % of your employees are sales staff? *	<input type="checkbox"/> Less than 25% sales staff <input type="checkbox"/> 25% - 50% sales staff <input type="checkbox"/> 50% - 75% sales staff <input type="checkbox"/> More than 75% sales staff
What % of your employees are technical staff? *	<input type="checkbox"/> Less than 25% technical staff <input type="checkbox"/> 25% - 50% technical staff <input type="checkbox"/> 50% - 75% technical staff <input type="checkbox"/> More than 75% technical staff

PRIMARY CONTACT

Primary Contact Title: *	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof
Primary Contact First Name: *	
Primary Contact Last Name: *	
Primary Contact Job Designation: *	
Primary Contact Function: *	<input type="checkbox"/> Executive/Manager/Owner <input type="checkbox"/> Sales <input type="checkbox"/> Marketing <input type="checkbox"/> Finance/Administration <input type="checkbox"/> Technical <input type="checkbox"/> Operations
Primary Contact Phone Number: *	
Primary Contact Mobile Number: *	
Primary Contact Email Address: *	

BUSINESS ADDRESS

Physical Address: *	
City: *	
Country: *	
State/Province: *	
Postal Address: *	
Office Phone Number: *	
VAT/Tax ID Number:	

DESCRIPTION OF BUSINESS

Describe your business, and provide specifics about your unique value proposition (what differentiates you from your competitors and what value you aim to offer to end-user customers?)	
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MARKETS, APPLICATION and PRODUCT FOCUS

What Markets does your business focus on? Select all that apply.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Finance / Banking | <input type="checkbox"/> Education | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Retail / Distribution | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Government / Military | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Leisure / Hospitality | <input type="checkbox"/> Petrochemical | <input type="checkbox"/> Critical Infrastructure | <input type="checkbox"/> Manufacturing |

What Services does your business offer? Select all that apply.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Field Sales | <input type="checkbox"/> Field Service/Operations | <input type="checkbox"/> Technical Support Services | <input type="checkbox"/> Repair Services |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Hardware Installation | <input type="checkbox"/> Networking/Cable Installation | <input type="checkbox"/> Education/Training |

What Products does your business offer? Select all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Access Control | <input type="checkbox"/> Biometric Readers – (Fingerprint, Facial, Vein) | <input type="checkbox"/> Long Range UHF Readers |
| <input type="checkbox"/> Card Printers | <input type="checkbox"/> ANPR(License Plate Recognition) | <input type="checkbox"/> CCTV Cameras & NVR's |
| <input type="checkbox"/> Intercoms | <input type="checkbox"/> Video Management Software | <input type="checkbox"/> Visitor Management |
| <input type="checkbox"/> Software | <input type="checkbox"/> Computers/Terminals | <input type="checkbox"/> Cable/Networking |

What other vendor products does your company sell?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> UTC Fire & Security | <input type="checkbox"/> Paxton Access Limited | <input type="checkbox"/> CEM Systems Ltd/Tyco | <input type="checkbox"/> Kaba |
| <input type="checkbox"/> Honeywell International | <input type="checkbox"/> Siemens Building Technologies | <input type="checkbox"/> Bosch Security Systems | <input type="checkbox"/> Lenel |
| <input type="checkbox"/> Genetec | <input type="checkbox"/> Johnson Controls, Inc. | <input type="checkbox"/> ASSA ABLOY/ HID Global | <input type="checkbox"/> SALTO Systems |
| <input type="checkbox"/> Axis | <input type="checkbox"/> Milestone | <input type="checkbox"/> Avigilon | <input type="checkbox"/> Hikvision/Dahau |

Specify Others: _____

Specify Others: _____

VENDOR FOCUS

Who are the top system vendors you represent & percentage of business?

	Vendor 1	Vendor 2	Vendor 3
Company Name: *			
% of business: *			

CERTIFICATIONS

What certifications does your company possess?

- Bosch
 Honeywell
 Hikvision
 Dahau
 Lenel
 Pelco
 Siemens
- Other: please specify: _____
- Other: please specify: _____
- Other: please specify: _____

COMPETITION

Who are your top three competitors?

	Competitor Name:	Product Range:
Top Competitor 1:		
Top Competitor 2:		
Top Competitor 3:		

GEOGRAPHIC FOCUS

What area does your company primarily serve? (select one)

- Global
 National (across single Country):
 Local (within a State or Province):
- Regional (sub-region – multiple Countries) – specify: _____

TERMS AND CONDITIONS

I accept the ASME Terms & Conditions of Sale.

*By submitting this form, I acknowledge that ASME will process data in accordance with the ASME Privacy Policy and, if you indicated that you accept the ASME Partner Terms and Conditions, you warrant that you have full corporate power and authority to do so.

Signed at _____ (place) on the _____ 2018(date)
 by _____ (full name).

Signature: _____

Company Stamp: