



**Symon Communications, Inc**  
500 North Central Expressway, Suite 175  
Plano, TX 75074-6784

Thank you for your interest in becoming an Authorized Reseller of Symon's award winning solutions. In an effort to develop a successful business relationship, we would like to know more about your company. Please take a moment to provide us with the following information:

Contact name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Total number of employees \_\_\_\_\_, sales personnel \_\_\_\_\_, technicians \_\_\_\_\_

Annual Sales: \_\_\_\_\_

Year Company Established: \_\_\_\_\_

Primary Business: \_\_\_\_\_

Geographies Covered: \_\_\_\_\_

Company Background/Experience: \_\_\_\_\_

\_\_\_\_\_

Other Partnerships/Reseller Relationships: \_\_\_\_\_

\_\_\_\_\_

\* NOTE: Email completed document to Loretta Redersheid at [lredersheid@symon.com](mailto:lredersheid@symon.com).