



Advance Partner Program APPLICATION

We appreciate your interest in the Tax Credit Services Advance Partner Program. Please fill out the following application and fax the completed document along with any necessary supplementary information to: (901) 758-1597. If you prefer, you may mail your application and materials to Tax Credit Services, 5860 Ridgeway Center Parkway, Suite 102, Memphis, TN 38120, attention: Advance Partner Program. This application and all materials attached will be considered confidential between Tax Credit Services and the applicant.

Company Information

Company Name _____

Physical Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ Company Web Address _____

Contact Information / Initial System Administrator

Last Name _____ First Name _____

Title _____ E-mail _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

Address _____

City _____ State _____ Zip _____

Legal Contact Information

Last Name _____ First Name _____

Title _____ E-mail _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

Parent Company Information (if applicable)

Parent company of the entity applying for Advance Partnership _____

Please name all subsidiaries of the parent company of the entity applying for Advance Partnership.

Year in which parent company was founded _____ Revenue for the past 2 years _____

Projected percentage growth in revenue for the next 3 years (prior to this partnership) _____

Advance Partner Relationship

Please describe nature and focus of your business _____

Please provide an overview of your organization's products and services and their intended purpose _____

What are the primary markets that drive the majority of the growth for your organization? _____

Who are your top competitors?

1. _____

2. _____

3. _____

Number of employees in your organization _____

Number of sales people _____ Number of customers _____

Number of sales people who will sell the products arising from this partnership _____

Name and describe any other partnerships or business relationships you have with other data integrators or service solution providers _____

What type of partnership do you wish to establish with Tax Credit Services? (Check one)

- Reseller: Companies who resell Tax Credit Services independently of or in addition to their own.
- Systems Integrator: IT Services Organizations that provide application or software products that can accommodate Tax Credit Services products and solutions to add value to the partner's services.
- Software Integrator: Independent Software Vendors that provide application or software products that can accommodate Tax Credit Services products and solutions to add value to the partner's services.

What Tax Credit Services are you interested in? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Work Opportunity Tax Credit (WOTC) | <input type="checkbox"/> WOTC Piggy-Back |
| <input type="checkbox"/> Empowerment Zone | <input type="checkbox"/> Job Creation Zones |
| <input type="checkbox"/> Renewal Community | <input type="checkbox"/> Training Credits |
| <input type="checkbox"/> Indian Employment Credit | <input type="checkbox"/> Investment Credits |
| <input type="checkbox"/> State Enterprise Zones | <input type="checkbox"/> Headquarter Credits |

What is the intent of the relationship between your organization and Tax Credit Services?

- To create new products To replace existing products Other _____

What type(s) of support services will you require?

- Customer training Integration (Engineering/Development) Customer/Sales Support

Please provide a brief description of your plan for the marketing of the products arising from this partnership (types of marketing campaigns, desired level of support from Tax Credit Services) _____

What are your projections for revenues from this partnership for the next three years?

1. _____ 2. _____ 3. _____

Please describe any existing relationship your organization has with Tax Credit Services _____

What is your desired date of delivery to your customers? _____



Advance Partner Program APPLICATION

Submit this application to Tax Credit Services to be considered for participation in the Tax Credit Services Advance Partner Program. This application in no way constitutes an offer from Tax Credit Services to enter in a contractual relationship. Tax Credit Services may reject this application at any time, for any reason. Upon review of this application, Tax Credit Services will communicate a final decision, as well as the steps required to complete the partnership establishment process.

Please include any additional information that might pertain to this application for participation in the Tax Credit Services Advance Partner Program.

Certification and confirmation:

I, the undersigned, certify that the information provided in and the information accompanying the above application is true and accurate and that any information that is found to be false can result in the termination of any agreement between Tax Credit Services and my organization. I understand and agree that this application will automatically be incorporated into any and all agreements between Tax Credit Services and my organization. I agree and understand this application does not create a contract between or an obligation to enter into a contract between Tax Credit Services and my organization.

Signature _____

Print Name _____

Title _____

Date (mm/dd/yyyy) _____

*Reminder: Please submit any necessary supporting documentation with this application.