



UA Partner Application

Instructions!

Please complete all sections as thoroughly as possible. You may complete this application electronically by simply opening Word and typing your responses directly into the grey boxes. The boxes will expand automatically as you enter information.

Once completed, save a copy of the form for yourself by going to "File>Save As>" and then change the document name to "UA Partner Application <Insert Your Company Name>.doc", inserting your company name after "UA Partner Application". Please return this application as an attachment to your e-mail sent to info@advancedsoftware.com or PRINT the completed application and FAX to 985-851-6007.

Also please complete the **UA Partner Application Confirmation** page at the end of this application and either FAX to 985-851-6007 or mail to Advanced Software, 723 Point Street, Houma, LA 70360.

If you have any questions or if we can be of assistance in any way, please call us at 800-859-6607.

General Information

Company Contacts

Principal	VP of Sales
Principal	President
Principal	Name: _____ Title: _____
	Phone: _____ E-mail: _____
Sales	VP of Sales
Marketing	Name: _____ Title: _____
	Phone: _____ E-mail: _____
Development	Name: _____ Title: _____
	Phone: _____ E-mail: _____
Business manager (payables and receivables)	Title: _____





UA Partner Application Confirmation

TO: Advanced Software FAX: 985-851-6007

FROM:

RE: Confirmation of application information

DATE: 05-29-03

By signing this document I/we hereby confirm that the information contained in the attached UA Partner Application is correct and complete to the best of my/our knowledge. I/we further understand that by signing this document that I grant Advanced Software the right to confirm the accuracy of the information contained therein through third party sources if so required. I also understand that upon approval of this application by Advanced Software, that I will be eligible to receive confidential pricing and other confidential information relating to my status as a reseller/partner of Advanced Software.

Company Name:

Federal Employer Tax Identification Number

State or Other Tax Identification Number

Applicant Signature

Date

Applicant Signature

Date

Received by Advanced Software

Date