Collabrance, LLC

625 First Street SE, Ste 300

Cedar Rapids, IA 52401

 Telephone: 877.715.8485

 Email: info@collabrance.com

**Solution Provider Information Request**

Company Legal Name:       DBA:

Start Year:      State of Legal Formation:      Phone No. (No 800 #):

Web Site:      Email:

Physical Address:       City:      State:      Zip:

Contact Name:      Title:

Principal Name:      SSN:

 (only required if under 3 years in business or fewer than 5 employees)

Principal Home Address:

**OPERATIONS INFORMATION**

Last Fiscal Year Top Line Revenue $      Projected Current Fiscal Year Revenue $

Revenue Split % (approximate): Managed Services      % Hardware/Software      % Project Work      % Break/Fix      % Other      %

If you sell telephony, what percentage of your total revenue is telephony?      %

Total Clients:       # of Fully Managed Clients:

What is your Service Leadership Operational Maturity Level (if known):

Internal Software Applications: CRM:       PSA:       RMM:

 Quoting Tool:       Accounting:       Other:

Vertical Focus: [ ]  Yes or [ ]  No If yes, which verticals:

# of Full-Time Employees:      # of Sales Reps:      # of Techs:

Do you outsource any portion of your MS or Help Desk? [ ]  Yes or [ ]  No If yes, with who?

What part is outsourced?

**PRODUCT LINE INFORMATION**

Technology Stack (Major Manufacturer Lines Sold):

Means of Sales (Check all that apply.): [ ]  Direct Sales [ ]  Retail [ ]  Wholesale [ ]  Internet [ ]  Resellers

Manufacturer Authorizations:

* Major Manufacturer Authorization Numbers:
* **Manufacturers** you buy direct through:
* **Distributors/Wholesalers** you buy through:

### Peer Groups & Industry Events

Peer Groups/Industry Associations:

Industry Events you attend:

\*Form must be completed in its entirety

### Authorization

**I hereby authorize Collabrance LLC, or any agent of Collabrance LLC, to investigate the references listed above and statements or other data obtained from me or from any other person or agency pertaining to my personal credit and financial responsibility.**

**Date** **Signature/Title**