

Motorola Validated PLUS Program New Vendor Application

Print the New Vendor Application form, complete all sections and fax to:
Motorola Validated PLUS Program - Fax #: 631-627-7185 or
E-mail to ValidatedPlus@motorola.com

Company Information

Company information:

Legal Company Name _____

(As submitted for tax reporting purposes)

DBA _____

(Name by which business is conducted)

Website URL _____

Corporate Headquarters:

Address _____

Address 2 _____

City _____ State _____ Zip _____

Country _____

Region/Province/District (Outside US) _____

Phone # _____ Fax # _____

Company description (attach additional information if required)

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Contact Information

One individual may represent multiple contact points and/or roles.

Application submitted by:

Full name _____ Title _____
Address _____
Address 2 _____
City _____ State _____ Zip _____
Country _____ Phone _____
Fax _____ E-Mail _____
Region/Province/District (Outside US) _____

Key Executive

Executive in your company who will receive executive-level communications from Motorola:

Full name _____
Title _____
Phone # _____ E-Mail _____

Key Contact

Contact in your company who will receive all program correspondence from Motorola:

Full name _____ Title _____
Address _____
Address 2 _____
City _____ State _____ Zip _____
Country _____ Phone _____
Fax _____ E-Mail _____
Region/Province/District (Outside US) _____

Sales Contact

Person who should receive sales-related communications:

Full name _____ Title _____
Phone _____ E-Mail _____

Marketing Contact

Person who should receive marketing-related communications:

Full name _____ Title _____
Phone _____ E-Mail _____

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Technical Contact

Person who should receive product and technical information:

Full name _____ Title _____
Phone _____ E-Mail _____

Services Contact

Person who should receive service related communications:

Full name _____ Title _____
Phone _____ E-Mail _____

Financial Information

Percentage of your total company sales that are to or through: (Note: Must total 100%):

_____ % Resellers _____ % Distributors
_____ % Brokers/Agents _____ % End users

Staffing (Please include headquarters and all sales offices):

Sales _____ Professional Services _____ Software developers _____
Marketing _____ Customer support _____ Help desk _____
Other (Please list) _____
Total number of employees _____

Sales Information

Target Markets

What percentage of your total business is comprised of sales to the following markets?

(Note: Must total 100%):

Manufacturing _____ Utilities _____ Logistics _____ Retail _____
Healthcare _____ Education _____ Transportation _____ Postal _____
General Services _____ Direct store delivery/route accounting/ Other manufacturing _____
WMS/Distribution Center/Field sales/service _____ Hospitality/Entertainment _____
Government: Federal _____ State _____ Local _____

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Current Selling Methods

(Note: Must total 100%) of Sales Category

Face-to-face with end-user customer _____ Leasing program _____
OEMs _____ On-line catalog _____
Printed catalog _____ Retail _____
Telesales (direct sales) _____ Other (please explain) _____

Product Information

Target Markets (Please check all that apply)

Manufacturing _____ Utilities _____ Logistics _____ Retail _____
Healthcare _____ Education _____ Transportation _____ Postal _____
General Services _____ Direct store delivery/route accounting/ Other manufacturing _____
WMS/Distribution Center/Field sales/service _____ Hospitality/Entertainment _____
Government: Federal _____ State _____ Local _____

Product Type: _____

Product Description(s): _____

Product Requirements: _____

Cost Justification: _____

