



Application Form

The QSR Partner Program is a single, integrated framework for engaging and managing all QSR resellers worldwide. It is open to organizations of all sizes and in all geographic regions.

To apply for the Program, simply complete and sign this application form and return it to:

QSR Partner Program Manager, QSR International
Second floor, 651 Doncaster Road, Doncaster, Victoria, AUSTRALIA, 3108

Application Procedure

After QSR has received and evaluated this application, you will be notified in writing of whether QSR intends to accept your organization into the QSR Partner Program. At this time, you will also be forwarded an electronic copy of the **QSR Partner Agreement** and **QSR Partner Program Rules**. You will be required to sign and return two original copies of the agreement to QSR. Upon receipt of the signed agreements by QSR, you will then be accepted as a QSR Partner.

Please answer the following questions about your organization:

Organization Name: _____

| | | | | |
|-------------------------------|---------------------------------------|-----|----|--|
| Are you trading as a | Individual | Yes | No | |
| | Partnership | Yes | No | |
| | Associated Incorporation (Non-Profit) | Yes | No | |
| | Government Department | Yes | No | |
| | Trustee | Yes | No | |
| If yes, name of trust: _____ | | | | |
| If yes, what type of company: | Company | Yes | No | |
| | Proprietary Limited (Pty Ltd) | Yes | No | |
| | Limited (Ltd) | Yes | No | |
| | Proprietary (Pty) | Yes | No | |
| | Limited by guarantee | Yes | No | |
| | Limited by both guarantee and shares | Yes | No | |
| | No Liability | Yes | No | |

Company Registration Number: _____

Contact Information:

Postal Address: _____

Delivery Address: _____

Name of Primary Contact: _____ Phone: _____

Email: _____ Fax: _____

Name of Accounts Contact: _____ Phone: _____

Email: _____ Fax: _____

Bank: _____

Account Number: _____ Branch: _____

Trade References

Please supply information for three organizations that can act as trade references for your organization:

Organization & Contact: _____ Phone: _____ Fax: _____

Organization & Contact: _____ Phone: _____ Fax: _____

Organization & Contact: _____ Phone: _____ Fax: _____

As a QSR Reseller

| | | | | |
|--|---------|-----|----|--|
| What QSR software do you intend to sell? | NVivo 8 | Yes | No | |
| | NVivo 7 | Yes | No | |
| | N6 | Yes | No | |
| | XSight | Yes | No | |

In which country / countries do you intend to sell QSR software?

| | | | |
|---|--------------------|-----|--|
| Which currency will you invoice QSR in? Place an X next to ONE currency only | US Dollars | Yes | |
| | Australian Dollars | Yes | |
| | Pounds Sterling | Yes | |
| | Euros | Yes | |

What will be your (estimated) monthly sales of QSR software? _____ Currency and amount: _____

Signature of Person/s Authorized to Bind Account Holder:**Position:****Please Print Name:****Date:**