**Partner Application Form**

**Representative Name\***

First Name\* Last Name\*

Email Address\* Phone\*

How did you hear about us?

**Company Information\***

Company Name\*: Type of Business\*:

Address\*:

Website\*:

Describe the mission and objectives of your organization:

Provide an overview of your organization's primary programs and activities:

Provide an overview of your organization's primary programs and activities:

Please list any other Partners involved (Antivirus products and solutions) **\***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Type of Partnership** | **Partnership Duration** | **Number of Sales** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Demand Generation Activities (you can select more than one)

Content marketing Social media campaigns

Influencer marketing Email marketing

Webinars Others:

**Sign and Seal:**

 \*Please Send this Application form to **marketing@amnpardaz.com**