



Date:



Omni-ID Authorized Partner Application Form

Thank you for your interest in becoming an Authorized partner of Omni-ID. Please complete all fields in the form below and click **Submit Form**. An Omni-ID representative will contact you upon receipt of your application.

Required Company and Contact Information - please complete each field			
Company Name:		Website:	
Your Name:		Email:	
Phone (Office):		Mobile:	

Address Information - please complete each field			
Company Address:		Your Address (if different from company):	
Address:		Address:	
City:		City:	
State:		State:	
Post Code:		Post Code:	
Country:		Country:	
Company Telephone:			

Please indicate which of the following best describes your organization			
Type of Business		Company Structure	
Hardware Provider	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Solutions Provider	<input type="checkbox"/>	Limited by Guarantee	<input type="checkbox"/>
Systems Integrator	<input type="checkbox"/>	Privately owned / Sole Trader	<input type="checkbox"/>
Parts Distributor	<input type="checkbox"/>	LLC	<input type="checkbox"/>
Consultant	<input type="checkbox"/>	Corporation (Inc.)	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Please describe your business core competencies in the space below.

Key Contacts - please provide the names of at least 2 Company contacts at your organization			
Name:		Role/Title:	
Name:		Role/Title:	
Name:		Role/Title:	

Where are your customers located? (Check most relevant areas)			
USA	<input type="checkbox"/>	CANADA	<input type="checkbox"/>
EUROPE	<input type="checkbox"/>	LATIN AMERICA	<input type="checkbox"/>
MIDDLE EAST/SA	<input type="checkbox"/>	AFRICA	<input type="checkbox"/>
INDIA	<input type="checkbox"/>	ANZ	<input type="checkbox"/>
APAC	<input type="checkbox"/>	GLOBAL	<input type="checkbox"/>
Additional detail:			

Additional Questions
Please describe your experience offering RFID as a customer solution for asset identification:
Please describe any current opportunities or projects that may include Omni-ID products:
Projected sales volumes of Omni-ID product over the next 12 months (Please identify specific products where applicable)

After clicking SUBMIT FORM, a select email client window will open. Choose your mail application and click OK. An email addressed to sales@omni-id.com will open. Your completed application is automatically attached. Send the email to complete Step 1 to becoming an Omni-ID Authorized Partner.

If for any reason you have issues submitting the form with the SUBMIT FORM button, choose SAVE AS and email your PDF form to sales@omni-id.com.

The information you provide will be used in accordance with the terms of our [Privacy Policy](#).

I consent to Omni-ID using my information to respond to my inquiry. (required)