

Become an Authorized Channel Partner

All fields must be completed for submission

Select Partner Type: Cloud Service Provider Reseller/VAR Etailer

Platform(s) you sell/support (i.e. Broadsoft, 3CX) _____

Contact Information

Company Name _____

(Please also list all dba names involved in selling/supporting VTech products.)

1. _____
2. _____

Tax ID # _____

Your Name: _____

Your Title: _____

Your email address: _____

Your contact phone number: _____

Mailing Address: _____

City _____ State _____ Zip Code _____ Country _____

Company Phone Number: _____

Corporate Web URL: _____

(Include all urls for each dba listed above): _____

Sales Contact:

Name: _____ Phone Number _____ Email: _____

Technical Contact:

Name: _____ Phone Number _____ Email: _____

Marketing Contact:

Name: _____ Phone Number _____ Email: _____

Tell Us About Your Company

Please introduce your Company briefly: (500 word limit) _____

Please list your most recent annual company revenues. (USD) _____

What percentage of your business is conducted online? _____

Who are your primary customers? (55% or greater) Business Consumer

Which Industry verticals do you target? _____

Which brands of SIP phones are you selling now? _____

Where did you first hear about VTech/ Snom? _____

Have you purchased VTech/Snom products from VTech Distributors? YES NO

If so, please list which ones: _____

Email this completed form to: AuthorizedChannelPartner_Request@vtechphones.com