



Dealer Profile

Canopus Corporation
711 Charcot Ave.
San Jose, CA 95131
Fax: (408) 954-4577
Phone: (408) 954-4500

For more information email to: info@canopuscorp.com

In an effort to build a strong dealer and integrator support network we would like to know more about your market and your company. Please fax the completed Dealer Profile to 408-954-4577.

Thank you for your interest!

Your Company

Company name: _____ Year Founded: _____

Contact Name: _____ Title: _____

Email: _____

Address:

Your web WWW. _____

Market Information

Geographic area you presently cover: _____

What is the size of your company? _____

What is your company's overall product strategy? _____

How do you plan on expanding your product line? _____

What plans do you have to move into other areas? _____

What other companies and products do you represent? _____

Which products have you successfully sold? (For example, how many DV boards do you sell a month)



Why are you interested in Canopus?

Do you already sell into the DV Market? _____

What is the potential market for DV boards in your area? _____

Who is your primary target customer? _____

What are your plans for expanding your sales? _____

Do you advertise? _____ Which publications? _____

What is your strategy to increase customer awareness? _____

What trade show(s) did you attend last year? _____

What was your company's revenue for 2001 and 2002? _____

What is your forecasted revenue for 2003? _____

Your facility

How many employees do you currently have and what are your future plans for personnel? _____

Do you assign individual product managers to oversee a product line? _____

How are your employees trained? _____ Do they attend seminars? _____

Do you hold training programs? _____

Do you have dedicated technical support staff? _____

Do you have a demo area where you show products? _____

Are you willing to buy a Canopus demo unit to install at your facility? _____

Can you send or email digital picture of your training area? _____

(please send or email picture)



Reseller Application

Please complete all portions of this Reseller Application. All information will remain confidential. Failure to pay within terms may prohibit future shipments. interest may be charged on past due balances. Please return by mail and fax, this completed application, a copy of your reseller certificate, financial statement and supporting documents to:

Canopus Corporation

711 Charcot Ave.
San Jose, CA 95131
Fax: (408) 954-4504
Phone: (408) 954-4500

For more information email to: info@canopuscorp.com

Reseller Information

Company name _____ Fed. ID: _____

D.B.A _____ Year Founded: _____

Contact Name: _____ Title: _____

Address: _____

Your web WWW. _____

Billing Address

Address: _____

City: _____ State: _____ ZIP _____ Country: _____

Phone: _____ Fax: _____

Accounts Payable Contact: _____ Phone: _____

D & B Number: _____ Annual Sales: _____

Number of Employees _____ Describe Existing Business _____



Bank References

Bank Name/Contact: _____ Phone: _____

Account Number: _____ Type of Account: _____

If Personal Guarantee is required will you execute? Yes _____ No _____

Reference 1:

Company Name: _____ Contact Name: _____

Address 1: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Contact: _____

Reference 2:

Company Name: _____ Contact Name: _____

Address 1: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Contact: _____

Signed: _____

Title: _____

Date: _____

Phone: _____

Email: _____