

Membership Application Form

Guidelines for filling in the application form:

- All sections must be completed.
- 1. 2. 3. Section 3: Please fill in the contact details of your Microsoft Business Solutions Account Manager
- Section 5: Please state at least 3 of your references customer, not older than 1 year. References will not be contacted without your prior permission.

1.Company Details	
Company Name:	
Address:	
Town/City:	
Post/Zip Code:	
Country:	
Website:	
Year Co. Founded:	
Annual Turnover:	
(this financial year) Annual Turnover:	
(previous financial year)	
CRM Partner Since:	
No of Subsidiaries:	
No. of Employees:	
No. of Certified CRM	
Consultants:	
No of CRM Licences:	
No. of CRM Customers:	
Country Applied For:	
Main Country of Operation:	
Other Countries of Operation:	

2. Contact Details	
Senior Contact:	
Position Held:	
Mobile/Cell No.:	
(please provide country code)	
Email Address:	
(please provide country code)	



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3. Microsoft Details		
Partner Account Manager:		
Telephone Number:		
Email Address:		•••••
Registered Partner:	Yes/no	
Certified Partner:	Yes/no	•••••
Gold Partner:	Yes/no	
Inner Circle:		
	E	
Presidents Club:	Yes/no	
4. Line of Business		
Specify line of business:		
Specify verticals developed by your organisation:		
Do you have international customers (where):		



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5. Customer Referen	ces		
Reference 1			
Company Name:		Telephone No.:	
. Address:		Email Address:	
		Licences Purchased:	
		Go Live Date:	
City:		Licence Value:	
Post/Zip Code:		No. of Users:	
Country:		No. of Sites:	
Contact:		Countries Covered:	
Reference 2		<u> </u>	
Company Name		Talanhana Na i	
Company Name:		Telephone No.:	
Address:		Email Address: Licences Purchased:	
101110011101111011111111111111111111111		Go Live Date:	
0.7			
City:		Licence Value:	
Post/Zip Code:		No. of Users:	
Country:		No. of Sites:	
Contact:		Countries Covered:	
Reference 3			
Company Name:		Telephone No.:	
Address:		Email Address:	
		Licences Purchased:	
		Go Live Date:	
City:		Licence Value:	
Post/Zip Code:		No. of Users:	
Country:		No. of Sites:	
Contact:		Countries Covered:	
I hereby apply to CRMPACT for membership and I confirm that the information contained is accurate. I understand that the information contained is purely for the initial		Names:	
application and does not guarantee acceptance as a member to CRMPACT. I also read and understood the CRMPACT Constitution & Agreement of Terms and Conditions of Membership and agree to abide by this		Date:/	
should our application progress.		Signature:	