



Sage Pastel Intern. Forum (iForum) - Membership Application

New Application

Renewal

Your Details :

Company Name :

Trading Name :

Principal Contact Person :

Postal Address :

Post Code :

Physical Address (If different from above) :

Telephone :

Facsimile :

Email Address :

Web Address :

Total Employees :

No. of Sales Staff :

No. of Support Staff :

Please Tick the description(s) that best fit(s) your company:

Accountant – sole practice

Firm of Accountants / Auditors

Accounting Consultants

Bookkeeping Service

Other (specify) : _____

Shop-front Retail Store

Hardware / Software Dealer

Software Trainer / Consultant

Please tick all areas of expertise provided in your organization :

Software Sales

Hardware Sales

Software Installation

Network Implementation

On-site support

Other (specify) : _____

Advanced Accounting Support

Limited Accounting Support

Consulting Services

Of-site training

Classroom Training

Please tick any service that you provide to Sage Pastel clients / prospects :

- | | |
|--|---|
| <input type="checkbox"/> Recommend Software to own clients | <input type="checkbox"/> Provide on-site Support |
| <input type="checkbox"/> Recommend Software to other organizations | <input type="checkbox"/> Give Demonstrations to prospects |
| <input type="checkbox"/> Provide Telephone Support | <input type="checkbox"/> Give Accounting/Taxation advice |
| <input type="checkbox"/> Other (Specify) : _____ | |

Please list the names of staff who will be involved in Sage Pastel activities – please include your MD, Sales, Support and Training Staff :

Full Name : _____ Title : _____ Function : _____

Mobile Tel : _____ Email : _____

Full Name : _____ Title : _____ Function : _____

Mobile Tel : _____ Email : _____

Full Name : _____ Title : _____ Function : _____

Mobile Tel : _____ Email : _____

Please list other Accounting Software that you Sell :

1. _____ 2. _____

Please list other accounting software that you are able to support (if any) :

1. _____ 2. _____

Other information relevant to your application :

We hereby apply for Accredited iForum Status. We agree to abide by the terms of the Accredited iForum .

Signature

Date

Full Name : _____ Title : _____

For Office Use Only

Approved by :

Date :

Annual Fee :

Date Received :

Captured :

Date :

Account Ref :

Date :

Packages :

Date Dispatched :
