

# Douglas Stewart EDU

European Distribution

Date \_\_\_\_\_

## New Vendor Form

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

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### Please tell us about your company

Do you currently sell to Education?      YES      NO

Annual Sales Revenue: \_\_\_\_\_ Year: \_\_\_\_\_ Educational Sales as Percentage of Overall Revenue: \_\_\_\_\_

Check if you CANNOT track EDU sales.

Annual Sales Revenue: \_\_\_\_\_ Year: \_\_\_\_\_ Educational Sales as Percentage of Overall Revenue: \_\_\_\_\_

Annual Sales Revenue: \_\_\_\_\_ Year: \_\_\_\_\_ Educational Sales as Percentage of Overall Revenue: \_\_\_\_\_

Company Overview:

Company Go To Market Strategy:

## Please tell us about your product

Categories of Products Offered:  
(Check all that apply)

Software

Consumer Electronics

Hardware

Accessories

Other \_\_\_\_\_

If software:

Do you offer your products as Electronic Software Download (ESD)?      YES      NO

What languages are your products available in? \_\_\_\_\_

Please describe your education software models (i.e. box, licensing, special programs)

Do you require verification of Education (EDU) status?      YES      NO

Do you offer educational discounts?      YES      NO

Do you have a reseller authorization program?      YES      NO

Total Available Margin: \_\_\_\_\_ Pricing Model/Discount: \_\_\_\_\_

## Please tell us about your education channel model

Total Education Channel Sales:

\_\_\_\_\_ % sold to end-users

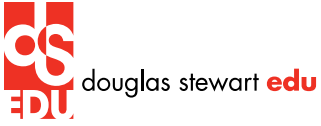
\_\_\_\_\_ % sold to distribution

\_\_\_\_\_ % sold to resellers

Please tell us about your goals for the education channel:

Do you sell directly to end-users? If yes, please list your top end-user customers.

Do you sell your product directly to resellers? if yes, please list your top ten reseller partners.



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## What are your annual revenue expectations for your product within education?

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

What are these projections based on?

Please provide contact information for any existing resellers we can contact to gain a better understanding of your products.

Name/Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please save your completed form and email it to Lori Mercier at [lmercier@dstewart.eu](mailto:lmercier@dstewart.eu).**