

We appreciate your interest in the HR New Hire Advance Partner Program. Please fill out the following application and fax the completed document along with any necessary supplementary information to: (901) 767-4441. If you prefer, you may mail your application and materials to HR New Hire, 1661 International Drive, Suite 400, Memphis, TN 38120, attention: Advance Partner Program. This application and all materials attached will be considered confidential between HR New Hire and the applicant.

Company Information

Company Name _____

Physical Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ Company Web Address _____

Contact Information / Initial System Administrator

Last Name _____ First Name _____

Title _____ E-mail _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

Address _____

City _____ State _____ Zip _____

Legal Contact Information

Last Name _____ First Name _____

Title _____ E-mail _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

Parent Company Information (if applicable)

Parent company of the entity applying for Advance Partnership _____

Please name all subsidiaries of the parent company of the entity applying for Advance Partnership.

Year in which parent company was founded _____ Revenue for the past 2 years _____

Projected percentage growth in revenue for the next 3 years (prior to this partnership) _____

Advance Partner Relationship

Please describe nature and focus of your business _____

Please provide an overview of your organization's products and services and their intended purpose _____

What are the primary markets that drive the majority of the growth for your organization? _____

Who are your top competitors?

- 1. _____
- 2. _____
- 3. _____

Number of employees in your organization _____

Number of sales people _____ Number of customers _____

Number of sales people who will sell the products arising from this partnership _____

Name and describe any other partnerships or business relationships you have with other data integrators or service solution providers _____

What type of partnership do you wish to establish with HR New Hire? (Check one)

- Reseller: Companies who resell HR New Hire products independently of or in addition to their own.
- Systems Integrator: IT Services Organizations that provide application or software products that can accommodate HR New Hire products and solutions to add value to the partner's services.
- Software Integrator: Independent Software Vendors that provide application or software products that can accommodate HR New Hire products and solutions to add value to the partner's services.

What HR New Hire services are you interested in? Check all that apply.

- Electronic Onboarding
- I-9 Management
- Electronic Paystub / Paperless Pay
- Work Opportunity Tax Credits
- W2 Management
- W4 Management
- Employment & Income Verification

What is the intent of the relationship between your organization and HR New Hire?

- To create new products or To replace existing products

What type(s) of support services will you require?

- Customer training
- Integration (Engineering/Development)
- Customer/Sales Support

Please provide a brief description of your plan for the marketing of the products arising from this partnership (types of marketing campaigns, desired level of support from HR New Hire) _____

What are your projections for revenues from this partnership for the next three years? 1. _____

2. _____ 3. _____

Please describe any existing relationship your organization has with HR New Hire _____

What is your desired date of delivery to your customers? _____

Submit this application to HR New Hire to be considered for participation in the HR New Hire Advance Partner Program. This application in no way constitutes an offer from HR New Hire to enter in a contractual relationship. HR New Hire may reject this application at any time, for any reason. Upon review of this application, HR New Hire will communicate a final decision, as well as the steps required to complete the partnership establishment process.

Please include any additional information that might pertain to this application for participation in the HR New Hire Advance Partner Program.

Certification and confirmation:

I, the undersigned, certify that the information provided in and the information accompanying the above application is true and accurate and that any information that is found to be false can result in the termination of any agreement between HR New Hire and my organization. I understand and agree that this application will automatically be incorporated into any and all agreements between HR New Hire and my organization. I agree and understand this application does not create a contract between or an obligation to enter into a contract between HR New Hire and my organization.

Signature _____

Print Name _____

Title _____

Date (mm/dd/yyyy) _____

*Reminder: Please submit any necessary supporting documentation with this application.