

## Integration Partner Program Inquiry Form

Please complete the information requested below and email this form and any other attachments as necessary to [marketinginfo@newmarketinc.com](mailto:marketinginfo@newmarketinc.com). Our Partner Manager will be sure to follow up with you once we have received your information.

**2011**

### COMPANY OVERVIEW

Company Name	
Business Address	
City	
State/Province	
Zip/Postal Code	
Country	
Company Web Site	
Company Type/ Ownership Structure	
Parent Company, If Any	
Other Subsidiaries, If Any	
Years in Business	
Primary Industry/ Vertical Served	
Number of Employees	
Geographic Area Covered	
Annual Revenue (\$USD) - Last Year	
Key Principals of the Company with Designations/ Titles	

### PRIMARY CONTACT INFORMATION

Primary Contact Name	
Contact Title	
Contact Phone	
Contact Email	
Contact Address	
Contact Fax	

### VENDOR'S PRODUCT LINE(S)

Product Name	Software Type (i.e. PMS, POS, EMS)	Description	# of Installs

### COMMON CUSTOMERS

List common customers (by property is preferred) using the interface product and Newmarket products:

Property Name	Location	Comments

**NEWMARKET INTERNATIONAL, INC.**

Please detail your primary interest in developing an integration partnership with Newmarket International, Inc.?

[Dotted box for response]

Have you previously discussed pursuing a Partner relationship with anyone at Newmarket International? If yes, please detail?

[Dotted box for response]

Please feel free to provide any additional information or comments:

[Dotted box for response]

