



## LobbyGuard Authorized Reseller Program

Thank you for your interest in becoming a distributor of LobbyGuard visitor management products, including the LobbyGuard Kiosk and a full line of accessories, supplies and services designed to grow your sales opportunities and meet your customer needs. LobbyGuard works closely with its Authorized Resellers to provide the education, information and support necessary to ensure a successful partnership between our respective firms. LobbyGuard products are currently used in more than 30 vertical markets in all 50 states and numerous foreign countries, handling more than a quarter million visitors each week. New sales and revenue opportunities are presented daily and we seek qualified and motivated firms of all sizes to represent the LobbyGuard product line.

The attached documents will provide LobbyGuard Solutions, LLC with the initial information needed to establish your firm as an Authorized LobbyGuard Reseller and will provide you with an understanding of your rights and responsibilities in that role. All information is kept confidential and will not be shared with anyone without your consent.

If you have any questions please feel free to contact us and we will be happy to assist.

Sincerely;

The LobbyGuard Partners Team  
[partners@lobbyguard.com](mailto:partners@lobbyguard.com)  
LobbyGuard Solutions, LLC  
4700 Six Forks Road Ste 300  
Raleigh NC 27609  
[www.lobbyguard.com](http://www.lobbyguard.com)



**LOBBYGUARD SOLUTIONS, LLC**  
 Authorized Reseller Application

Please complete this form and email to [PARTNERS@LOBBYGUARD.COM](mailto:PARTNERS@LOBBYGUARD.COM)

CONTACT INFORMATION			
Company Name:		DBA:	
Street Address:			
City:	State / Province:	ZIP / Postal Code:	
Phone: (    )	FAX: (    )		
Billing Address: <input type="checkbox"/> Same as above			
City:	State/Province:	ZIP / Postal Code:	
Federal Tax ID #:	State Resale Certificate #:		
Principle / Owner:	Phone: (    )	Email:	
Primary Contact:	Phone: (    )	Email:	
Secondary Contact:	Phone: (    )	Email:	
Accounting Contact:	Phone: (    )	Email:	
<b>COMPANY DETAILS</b>			
Description of Primary Business (please detail products/services represented, services offered, primary marketing regions, and how each product / service equates as a percentage of sales revenue):			
# Years in Business:		# of Employees:	
Previous Three Years Annual Gross Revenues: Y1 \$ _____ Y2 \$ _____ Y3 \$ _____			
<b>MARKETING &amp; DISTRIBUTION INFORMATION</b>			
Requested LobbyGuard Marketing Territory (geographic; city & state/province, county & state/province, or state/province):			
I am interested in the following Reseller model:			
<input type="checkbox"/> Referral Reseller	<input type="checkbox"/> Traditional Reseller	<input type="checkbox"/> OEM Reseller	

Describe the vertical markets in which your current products or services are sold, including the number of customers you currently sell to / service:
Describe the type of personnel with whom you interface in your current sales activities? i.e. Executive, Security, HR, Accounting
Please list any outstanding complaints against the your firm (including, but not limited to outstanding legal complaints/lawsuits, complaints filed against the firm by Attorney General, Better Business Bureau, or any other relevant information):
Do you currently sell products that compete with LobbyGuard? If so, please list below:
Describe how you would market the LobbyGuard product line in as much detail as possible, including resources that will be applied exclusively or non-exclusively to the marketing effort, and any other relevant information.

Please complete this form and email to [PARTNERS@LOBBYGUARD.COM](mailto:PARTNERS@LOBBYGUARD.COM)

**Our team will immediately review your application and respond to you within one business week. Thank you for your interest in LobbyGuard.**