

AAEON VPB Program Application Form

About Your Company

Company _____

Address _____

City, State, Zip _____ Country _____

Main Phone Number _____

Main Fax Number _____

Email Address _____

URL of Your Web Site

Business Information:

1. Number of Employees in the Business _____

2. Number of sales offices _____

3. Business Type:

_____ Distributor

_____ Retailer

_____ Rep / Broker

_____ VAR/Solution Provider

_____ Industrial OEM

_____ Contract Manufacturer

_____ System builder

_____ Other (please specify) _____

4. Which vertical market represents your company focus?

Please mark all related fields

- Computer Telephony
- POS /Retail / POI VAR / Manufacturer / Kiosk
- Aerospace
- Banking
- Data Communication
- Entertainment & Gaming
- Field Service
- Government
- Marine Computing
- Medical
- Military
- Manufacturer (non-computer)
- Transportation
- Utility Service
- Wireless Communications
- Industrial Automation
- (Please specify industry) _____
- Other (please specify) _____

Primary Program Contact

Name _____ Title _____

Address (If different from above)

City, State, Zip _____ Country _____

Phone _____

Fax _____

Email address _____



2663 Saturn Street
Brea, CA 92821
T: 714-996-1800
F: 714-996-1811
www.aaeon.com

Sales Contact

Name _____ Title _____

Address (If different from above)

City, State, Zip _____ Country _____

Phone _____

Fax _____

Email address _____

Marketing Contact

Name _____ Title _____

Address (If different from above)

City, State, Zip _____ Country _____

Phone _____

Fax _____

Email address _____

Please return form to:

AAEON Systems, Inc.
2663 Saturn St.
Brea, CA 92821
Attn: VPB Manager
Fax: 714-996-1811
Email: VPB@aaeon.com