



RepeatRewards Reseller Questionnaire

Please complete the following as thoroughly as possible so we may review your business offerings to determine if a partnership will be mutually beneficial. If you have any questions, please contact one of our New Business Development Specialists at 866-877-2737 or sales@repeatrewards.com.

If you would like to submit references to support this application, please attach all contact information to this application when submitting.

BASIC INFORMATION

BUSINESS NAME:

CONTACT NAME:

BUSINESS WEBSITE:

BUSINESS DESCRIPTION (include primary products/services offered):

BUSINESS FOUNDED (year):

NUMBER OF LOCATIONS:

NUMBER OF EMPLOYEES (total):

BUSINESS CERTIFICATIONS/ASSOCIATIONS:

OTHER BUSINESS PARTNERSHIPS CURRENTLY IN PLACE:

PRIMARY GOAL FOR PARTNERSHIP WITH REPEATREWARDS:

YOUR TARGET CLIENTELE

NUMBER OF CURRENT CUSTOMERS:

PRIMARY CUSTOMER BUSINESS INDUSTRIES:

TARGET CUSTOMER GEOGRAPHIC TERRITORY:

TARGET CUSTOMER SIZE (single location businesses, franchises, large corporations, etc....):

EXPECTATIONS

ARE ANY OF YOUR BUSINESS OFFERINGS (PROPRIETARY OR VIA A PARTNERSHIP) THE SAME AS OURS OR OF A COMPETING NATURE?

IF YES, WHICH AND TO WHAT DEGREE?

DO YOU CURRENTLY USE ANOTHER PRINTER FOR DIRECT MAIL PURPOSES?

IF YES, WOULD YOU USE OUR IN-HOUSE PRINTING FOR DIRECT MAIL NEEDS RELATED TO OUR SERVICES?

HOW MANY OF YOUR CURRENT CUSTOMERS HAVE SHOWN INTEREST IN THE TYPE OF SERVICES THAT WE OFFER (APPROX.)?

WHICH OF OUR CORE SERVICES WOULD YOU PLAN TO OFFER? *Please check all that apply.*

- LOYALTY PROGRAM
- GIFT CARD/E-GIFT CARD PROGRAM

- MOBILE APP SERVICE
- ONLINE ORDERING PLATFORM
- WEBSITE DESIGN/HOSTING
- SOCIAL MEDIA MANAGEMENT

PARTNERSHIP MODEL PREFERRED:

- REFERRAL BASED (pass leads to RepeatRewards to complete the sale)
- WHITE LABEL BASED (sell the RepeatRewards service as your own)

If WHITE LABEL BASED, please elaborate level of involvement preferred below:

DESIRED COMPENSATION TERMS:

IF SELECTED FOR OUR RESELLER PROGRAM, HOW WOULD YOU MARKET THE SERVICES TO YOUR CLIENTELE?

QUESTIONS/CONCERNS:

**** Thank you for taking the time to complete this application! Please return this to the New Business Development representative who provided this for completion and we'll be in touch with you shortly regarding the next steps in this process. We appreciate your request to be an authorized reseller of our services and are proud that you chose us to consider in a partnership. ****

-RepeatRewards

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