



Partner Network

Please complete and E-mail to [ron\\_brown@tscprinters.com](mailto:ron_brown@tscprinters.com)

## TSC Great Migration Partner Program Company Profile

Date: \_\_\_\_\_

Submitted by:

Name:	
Title	
City	
E-mail:	
Office Phone:	
Mobile Phone:	

Legal Company Name:	
Other Names by which your company is known:	
Street Address 1	
Suite / PO Box	
City	
State	
Postal Code	
Country	
Phone #	
Company Website	

Please list all websites used by your company to generate business (URLs under which you sell):

http://
http://
http://

Company Description (please describe a brief description of your company and core competencies)

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### TSC Auto ID Technology America, Inc.

Main Office: 801 Corporate Center Drive, Suite 110, Pomona, CA 91768 Tel: 909-525-9779 Fax: 909-525-9780  
Bar Code Printer Office: 8810 Commodity Circle, Suite 35, Orlando, FL 32819 Tel: 407-704-8918 Fax: 407-226-8900

How long has your company been in business? \_\_\_\_\_ years

How long has your company sold AIDC products? \_\_\_\_\_ years

How many employees work for your company? \_\_\_\_\_ employees

Does your company qualify as a minority owned business? \_\_\_\_\_

**Key Contacts:**

Role / Department	Contact Name	Title	Phone Number	E-mail
Executive/Owner				
Financial / Operations				
Sales Management				
Marketing				
Purchasing				
Technical Support				

**Organization:** Please indicate the number of personnel supporting each of the following business activities at your company.

Department	Number of Persons
Outside Sales	
Inside Sales	
Marketing	
Technical Support	
Repair	
Customer Service	
Administration	
Installation Services	
Software development	

**Office Locations:**

Office Location (City, State, Country)	# Sales Personnel	# Tech Support Personnel

**Selling Methods:** Please indicate what percentage of sales is achieved through the following methods.

Selling Methods:	Field Sales (Face-to-Face)	Telephone Sales	Internet Orders	Others
Percentage:	%	%	%	%

**Company Annual Revenues (Americas \$):**

	2011 to date	2010	2009
Total Company Revenue	\$	\$	\$
AIDC Products Revenue	\$	\$	\$
Total AIDC Printers Revenue	\$	\$	\$
TSC Auto ID Printers	\$	\$	\$

**Revenue Mix:** Please allocate a percentage of your Total Annual Revenue to the following categories.

Hardware	Software	Services	Maintenance & Repair	AIDC Consumables	Other (describe below)
%	%	%	%	%	%

**Printer Products Portfolio:** Please select with "x" the barcode printers your company offers.

	Desktop (Plastic) label printers	Tabletop (Industrial) label printers	Mobile (Battery) label printers
TSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Datamax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printronix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toshiba TEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zebra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you operate a media converting facility producing Printer Supplies? Yes  / No

**Vertical market sales:** please indicate the percentage of your sales to the following markets:

Vertical Market	% of Sales
Transportation Warehousing & Logistics	
Industrial / Manufacturing	
Government	
Retail	
Healthcare	
Food / Beverage	
Mobile Field Service	
Other	

**Product Purchasing:** From which Distributor(s) do you purchase your barcode label printers?

**Your Differentiation:** Describe your company's unique value proposition that will help us better understand how you differentiate yourself among your competitors. (Use as much space as needed.)

