

PPAI Affinity Partner Program



Prospective Partner Application

The PPAI Affinity Partner Program requires the completion of the Prospective Partner Application. Upon completion, your submission will be reviewed to ensure it doesn't compete with another product or service already in the program. All prospective applications are reviewed by a volunteer committee that meets quarterly to discuss applicants. If it is determined that there is a clear and proven need for your products or services, we will proceed to the final stage, which includes contract negotiations and the development of a joint marketing plan. Expect the full process to take up to 6 months from the time the application is submitted.

Application Form

Company Name: _____

Website Address: _____

Primary Contact:

Title: _____ First Name: _____ Last Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

UPIC: _____ PPAI#: _____

Type of Product or Service: (choose one that best applies)

- Sales & Marketing Solutions
- Financial Solutions
- Professional Development Solutions
- Order Management
- Other – Please Specify: _____
- Communications Solutions
- Order Fulfillment Solutions
- Technology Solutions

Application Form



Questions:

Describe your company's Primary business activities. What products and services do you offer?

Is your product or service available nationally? Internationally? Please specify:

How long has your company been in business?

Does your current client base include promotional products distributors and/or suppliers?

What distinct value does your product or service bring to PPAI member companies?

What is the value-added proposition of the opportunity you wish to bring to PPAI members through the PPAI Affinity Partner Program?

List your major competitors:

Do you currently or have you ever offered this program to industry companies through a regional association or other industry organizations?

- Yes
- No

If Yes, please provide details:

List three references, preferably PPAI member. Include contact name, company name, address, phone and email.

1. _____
2. _____
3. _____

Additional Information: Please provide additional information you think is appropriate for consideration.

Submission: Submit completed form to Kari
Fax: (972-594-4073) or Email KariB@ppai.org