

# Discovery Program

Registration Form – V1.1



## COMPANY INFORMATION

Company Name:  
Name of applicant:  
Applicant Email:

## ADDRESS AND CONTACT

City: State/Province: Country:  
Company Address:  
Zip/Postal Code: Fax: Phone:  
Website: Number of Employees:

## CEO/Owner

Name:  
Phone number:  
Email Address:

## SALES CONTACT

Primary Contact Name: Backup Contact Name:  
Primary Contact Phone: Backup Contact Phone:  
Primary Contact Email: Backup Contact Email:

## SALES OPERATION CONTACT

Name:  
Phone Number:  
Email Address:

## TECHNICAL CONTACT

Name:  
Phone Number:  
Email Address:

## BUSINESS INSIGHT

**Company expected growth % for the next three years.**

**What areas does your business focus on? (Vertical) Select all that apply.**

Retail & Hospitality Manufacturing Transportation & Logistics  
Public Sector Healthcare OEM Other

**What areas does your business focus on? (Products) Select all that apply.**

Mobile Computers & Terminals Printers Barcode Scanners Label tags & Ribbons  
Networks Repair and support Software RFID Other

**What is the percentage of your business?**

% Split of Hardware % Split of Software % Split of Service Business

**Do you develop your own software?**

Yes No

Please fill out this form and submit to Newland channel team([channel.notice@nlscan.com](mailto:channel.notice@nlscan.com)) or Tonna Tang ([tonnatang@nlscan.com](mailto:tonnatang@nlscan.com))