

## Indirect Systems Integrator/Indirect Reseller Authorization

Thank you for your interest in becoming a HashiCorp authorized Indirect Systems Integrator or Indirect Reseller.

The HashiCorp Partner Network (HPN) Program is designed to reward partners based on training, sales, value add services and revenue attainment levels. All NEW partners will be on-boarded at the “Enabled” Tier level (unless otherwise approved by HashiCorp) with the opportunity to earn Specialized and Hyper-Specialized status over time. If you wish to join us on this rewarding journey, please complete the form below and email it to your local Distributor who will submit to HashiCorp Global Channels team for approval.

Our team will review and respond back to you within 72 hours. In the meantime, learn more about HashiCorp Partner Network at <https://www.hashicorp.com/partners>

### 1. Company Info

LEGAL BUSINESS NAME		MARKET NAME (if different)		
BUSINESS ADDRESS		TELEPHONE NUMBER		
CITY	STATE	COUNTRY	POSTAL CODE	
WEBSITE URL		GENERAL SALES EMAIL ADDRESS		
COMPANY CEO / PRESIDENT		COUNTRY OF INCORPORATION	YEARS IN BUSINESS	
PLEASE INDICATE THE NUMBER OF EMPLOYEES WORKING IN THESE FUNCTIONS:				
SALES	MARKETING	TECHNICAL	SERVICE	OTHER
TOTAL PRODUCT REVENUE				

## 2. Primary Contact Information

PRIMARY CONTACT	TELEPHONE NUMBER	E-MAIL ADDRESS
SALES CONTACT	TELEPHONE NUMBER	E-MAIL ADDRESS
MARKETING CONTACT	TELEPHONE NUMBER	E-MAIL ADDRESS

## 3. Services Technical Contact Information

TECHNICAL CONTACT #1	TELEPHONE NUMBER	E-MAIL ADDRESS
TECHNICAL CONTACT #2	TELEPHONE NUMBER	E-MAIL ADDRESS

## 4. Products and Services

<b>BREAKDOWN OF STRATEGIC REVENUE AREAS (i.e. 20% from hardware sales, 50% from software sales, 30% from services):</b>				
HARDWARE	SOFTWARE	CLOUD/CSP	CONSULTING	OTHER
CURRENT CSP (Cloud Solution Provider) VENDORS IN YOUR PORTFOLIO (list all):				

## 5. Market Coverage

TARGET MARKETS	SMALL (1-100 Employees) <input type="checkbox"/>	MEDIUM (100-500 Employees) <input type="checkbox"/>	LARGE (500+ Employees) <input type="checkbox"/>	
TARGET VERTICAL MARKETS (Healthcare, Financials, Federal etc.):				
GEOGRAPHIC COVERAGE: (%)	LOCAL	REGIONAL	NATIONAL	INTERNATIONAL

## 6. Sales Force

LIST ALL SALES OFFICE LOCATIONS:

## 7. Areas of Expertise

PLEASE DESCRIBE ANY UNIQUE CAPABILITIES OR SERVICES YOUR COMPANY PROVIDES:

## 8. Requirements For Enabled Partner

ALL NEW Partners (unless otherwise approved)

AS AN ENABLED SI/RESELLER I AGREE TO MEET A SET BUSINESS PLAN CRITERIA IN ADDITION TO FOLLOWING REQUIREMENTS:

10% OF SALES TEAM SALES 101 ACCREDITED	CHECK TO AGREE <input type="checkbox"/>
10% OF SALES ENGINEERING TEAM ACCREDITED	CHECK TO AGREE <input type="checkbox"/>
ATTEND ½ DAY SE2SE TRAINING ANNUALLY	CHECK TO AGREE <input type="checkbox"/>

## 9. Requirements For Specialized Partner Status

AS A SPECIALIZED RESELLER I AGREE TO MEET A SET BUSINESS PLAN CRITERIA IN ADDITION TO FOLLOWING REQUIREMENTS:

25% OF SALES TEAM SALES 101 ACCREDITED	CHECK TO AGREE <input type="checkbox"/>
25% OF SALES ENGINEERING TEAM ACCREDITED	CHECK TO AGREE <input type="checkbox"/>
PRODUCT CERTIFICATIONS - MIN SINGLE PRODUCT CERTIFICATIONS	CHECK TO AGREE <input type="checkbox"/>
CERTIFICATION LEVELS - MIN. TWO ADVANCED CERTIFICATIONS	CHECK TO AGREE <input type="checkbox"/>
HOST BI-ANNUAL ON-SITE SALES AND SE2SE TRAINING	CHECK TO AGREE <input type="checkbox"/>
MEET MINIMUM REVENUE EXPECTATIONS (\$500K)	\$

# 11. Additional Responsibilities

<p><b>IF APPROVED FOR PARTICIPATION IN THE HASHICORP PARTNER NETWORK I AGREE TO COMPLETE THE FOLLOWING REQUIREMENTS TO THE EXTENT ANY END-CUSTOMER TRANSACTION INCLUDES HASHICORP PRODUCTS/SERVICES:</b></p>		
<p>In order documents with end-customers, include the following link to HashiCorp's license terms and an acknowledgment by the end-customer accepting such terms: <a href="https://eula.hashicorp.com/OnlineAgreements-BusinessPartner.pdf">https://eula.hashicorp.com/OnlineAgreements-BusinessPartner.pdf</a> as well as any product-specific definitions contained in the applicable order form provided to you. Provide a copy of the foregoing (financial terms may be redacted) upon request.</p>		<p>CHECK TO AGREE <input type="checkbox"/></p>
<p>HASHICORP DISCLAIMS LIABILITY FOR ANY ADDITIONAL OR OTHER TERMS BETWEEN YOU AND AN END CUSTOMER.</p>		<p>CHECK TO AGREE <input type="checkbox"/></p>
<p>GOVERNING LAW &amp; JURISDICTION: SEE BELOW</p>		<p>CHECK TO AGREE <input type="checkbox"/></p>
<b>PARTNER RESIDENCE</b>	<b>APPLICABLE LAW</b>	<b>APPLICABLE JURISDICTION</b>
NORTH AMERICA, SOUTH AMERICA & REGIONS NOT REFERENCED BELOW	STATE OF CALIFORNIA, UNITED STATES	SAN FRANCISCO, CALIFORNIA, UNITED STATES
EUROPE, MIDDLE EAST, AFRICA	ENGLAND	LONDON, UNITED KINGDOM
ASIA, OCEANA	SINGAPORE	SINGAPORE
<p>Permit end-customers to terminate for convenience their subscriptions to HashiCorp's on-premise software and related support services. In the event of such termination, HashiCorp will refund all prepaid fees for the support subscription on a pro rata basis to your local Distributor. You may collect your refund for the support subscription from your Distributor, and you agree to issue a refund for such support to the end-customer.</p>		<p>CHECK TO AGREE <input type="checkbox"/></p>

# Reseller Authorization

The applicant authorizes HashiCorp to perform an investigation to verify the above information provided. The applicant also authorizes HashiCorp to make the information provided by the applicant available only to relevant parties within HashiCorp and Authorized Distributors. The applicant represents and warrants that all of the information provided hereunder is true and accurate, and that this has by signed by a duly authorized representative of your organization.

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AUTHORIZED SIGNATURE

TITLE

DATE

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PRINT NAME

## For Internal Use Only:

**HashiCorp Regional Partner Sales Manager Review:**

**HashiCorp Distributor Review and Plan:**