



<h2 style="margin: 0;">Sage Accpac Authorized Training Center Application</h2>
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The information provided in this application will be used to qualify you for the Sage Software, Inc. Authorized Training Center (ATC) Program. All information provided will be kept confidential.

**Please complete a separate application for each training site you are seeking authorization for.**

**SECTION A: Company Information** *(please type or clearly print all information)*

Company Name:		
Account #:		
Mailing Address:		
City:	State:	Zip:
Main Contact:	Title:	
Telephone:	Fax:	

**1. Our company is applying to become an ATC for (check the appropriate box(es):**

- Sage Accpac ERP   
  Sage Accpac CRM   
  Sage Pro ERP

**2. Training site location:**

Mailing Address:		
City:	State:	Zip:

Is this also your primary operating facility?     Yes     No

If no, facility name (if applicable): \_\_\_\_\_

Describe the arrangement (e.g. yearly lease, secondary office location): \_\_\_\_\_

**3. How long has your company been conducting classroom at this location?**

- Less than 1 year      
  1 – 2 years      
  3 - 5 years      
  6 or more years

**4. List the vendors your company has authorization to offer training (check all that apply):**

- Novel   
  IBM   
  Microsoft   
  Lotus   
  SCO  
 Other: \_\_\_\_\_

**SECTION B: Training Site Information**

**1. Number of classrooms at this training site:** \_\_\_\_\_

**2. Square footage of each classroom:** \_\_\_\_\_

**3. Student capacity for each classroom.** If requesting authorization for more than one classroom, list student capacity for each classroom (e.g. classroom #1=15 students, classroom #2=8 students):

\_\_\_\_\_

\_\_\_\_\_

**4. Trainer Machine Information** (if requesting authorization for more than one classroom, list information for each classroom individually using a copy of this page):

Number of trainer machines: \_\_\_\_\_

Speed of trainer machine(s): \_\_\_\_\_

RAM: \_\_\_\_\_

Hard Disk Space: \_\_\_\_\_

CD-ROM drive: \_\_\_\_\_

Floppy disk drives: \_\_\_\_\_

3.5" 1.44MB

5.25" 1.2MB

VGA or color monitor (include make, model & size): \_\_\_\_\_

Microsoft Mouse or other compatible point device: \_\_\_\_\_

Local area network card: \_\_\_\_\_

Projection System (include make, model & size): \_\_\_\_\_

**5. Student Machine Information** (if requesting authorization for more than one classroom, list information for each classroom individually using a copy of this page):

Number of student machines: \_\_\_\_\_

Make of student machines: \_\_\_\_\_

Speed of student machine(s): \_\_\_\_\_

RAM: \_\_\_\_\_

Hard Disk Space: \_\_\_\_\_

CD-ROM drive: \_\_\_\_\_

Floppy disk drives: \_\_\_\_\_

3.5" 1.44MB

5.25" 1.2MB

VGA or color monitor (include make, model & size): \_\_\_\_\_

Classroom Printers: \_\_\_\_\_

Type: \_\_\_\_\_

How Many? \_\_\_\_\_

**SECTION C: Business Environment Information**

**1. Student Facilities**

Do you have a reception area? \_\_\_\_\_

Number of restrooms? \_\_\_\_\_

Coffee Break Room? \_\_\_\_\_

Lunch Room Seating Capacity? \_\_\_\_\_

Number of Pay Telephones: \_\_\_\_\_

Do you provide break snacks? \_\_\_\_\_

Do you plan to provide lunch to students? \_\_\_\_\_

**2. Area restaurants within walking distance:** \_\_\_\_\_

**3. Area hotels:** \_\_\_\_\_

**4. Parking availability at training site location:** \_\_\_\_\_

**5. Closest Airport:** \_\_\_\_\_

**6. Distance from closest airport to training site:** \_\_\_\_\_

**7. How do you currently market your training classes:** \_\_\_\_\_

**8. Number of classroom training courses offered during the last calendar year:**

Sage Accpac ERP: \_\_\_\_\_

Sage Accpac CRM: \_\_\_\_\_

Sage Pro ERP: \_\_\_\_\_

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**SECTION D: Required Materials and Signature**

Be sure to include the following information along with your completed Sage Software, Inc. Authorized Training Center Application.

- A current training business plan including goals, marketing strategy and pricing/cost/revenue forecast.
- Photographs of each classroom being submitted for authorization. Each photograph must be 4”X6” or larger.
- A current Training Class schedule (if applicable), outlining all offerings, pricing and course descriptions.
- Photocopies of current advertising and/or promotional materials (if applicable) related to training services.
- A minimum of one Certified Trainer Application per approved classroom (see the Certified Trainer Program Guide and Application for details).

I certify that information listed in this application is true and accurate to the best of my knowledge. I understand that by completing this application, my company is not required to become a participant of the Authorized Training Center Program. I also understand that acceptance into the Authorized Training Center Program is at the sole discretion of Sage Software, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your interest in becoming an Authorized Training Center. Please return all materials to:

**Sage Learning Services**  
**Attn: Tricia Butler**  
**7775 The Bluffs, Suite A**  
**Austell, GA 30168**  
**Fax: (770) 261-2600**