

Thank you for your interest in MYOB's Partner Program.
All information provided is completely confidential, used for the sole purpose of the authorization process.

MYOB Partner Program Requirements:

1. Fax the completed application to **973-586-2229**. (If paying by check, please mail, along with completed application, to: **MYOB Partner Programs, 300 Roundhill Drive, Rockaway, NJ 07866.**)
2. Supply two current clients as references.

I am interested in becoming an:

- MYOB Accounting Software Certified Consultant
- MYOB Checkout Certified Consultant
- MYOB Elite Certified Consultant
- MYOB ACN
- MYOB Accountant
- MYOB Bookkeeper

Company Information

Company Name

Address

City State ZIP Code

Telephone Number Fax Number

Email Address (required) Website

Shipping Address (sorry, no PO boxes)

City State ZIP Code

Contact and Payment Information

Consultant Title

Certifications, designations, degrees, etc.



Partner Program Application

If you are looking to become certified in both MYOB Accounting Software and MYOB Checkout, but do not wish to participate in the MYOB Elite Certified Consultant Program, you need to sign up for a second certification:

- MYOB Accounting Software Certified Consultant - **\$599/year** (first certification), **\$399/year** (second certification)
- MYOB Checkout Certified Consultant - **\$599/year** (first certification), **\$399/year** (second certification)
- MYOB Elite Certified Consultant (certification in both MYOB Accounting software and MYOB Checkout) - **\$899/year**
- MYOB CAN Program - **\$100/year**
- MYOB Bookkeeper Program - **\$299/year**
- MYOB Accountants Program Program - **Free**

VISA/MC/AMEX/Discover Check Amount to charge: \$ _____

**Mail checks to: MYOB Partner Programs,
300 Roundhill Drive, Rockaway, NJ 07866**

Card # _____

Expiration date _____

Name of cardholder _____

Signature _____

Services Provided

- | | | |
|--|---|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Customization/Programming | <input type="checkbox"/> On-Site Support |
| <input type="checkbox"/> Software Installation | <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Bookkeeping Service |
| <input type="checkbox"/> Hardware Installation | <input type="checkbox"/> CPA Services | <input type="checkbox"/> School Instruction |
| <input type="checkbox"/> Telephone Support | <input type="checkbox"/> Network Installation/Support | |

Platforms Supported

- Windows
- Mac OS X

Networks supported:

Other accounting products supported:

Business Profile:

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> VAR | <input type="checkbox"/> Consultant | <input type="checkbox"/> CPA Firm |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor |

Years in Business _____

Number of Employees _____

Number of Clients _____

Number of Locations _____



Partner Program Application

List 2 MYOB or other client installations to qualify as an MYOB Partner.

Company (1)

Contact Telephone Number

Company (2)

Contact Telephone Number

Please provide a description of your business to be included in your MYOB Communities listing (not applicable for MYOB Resellers or MYOB ACNs): (120-word limit)

Three horizontal lines for business description.

Where did you hear about the MYOB Partner Program?

Horizontal line for source of information.

I certify that the information contained on this application and questionnaire is true to the best of my knowledge. I understand that false information provided will result in immediate termination of membership.

Signature _____

Date: _____