

Requestor Information:

| | | | |
|----------------|----------------------|--|----------------------|
| First Name* | <input type="text"/> | Company Name* | <input type="text"/> |
| Last Name* | <input type="text"/> | Phone Number* | <input type="text"/> |
| Title* | <input type="text"/> | Email* | <input type="text"/> |
| Partner Type * | <input type="text"/> | Hexagon Contact* | <input type="text"/> |
| Other | <input type="text"/> | <input type="checkbox"/> Please contact the referring partner before reaching out to the referred company. | |

Tell us about the company you are referring

(Please ensure fields marked with * are populated before submitting)

| | | | |
|--------------------------------------|----------------------|---|----------------------|
| Referred Company's Name * | <input type="text"/> | Number of Employees | <input type="text"/> |
| Referred Company Industry * (select) | <input type="text"/> | Number of locations | <input type="text"/> |
| Contact First Name * | <input type="text"/> | Current software environment | <input type="text"/> |
| Contact Last Name * | <input type="text"/> | Other software vendors being considered | <input type="text"/> |
| Title * | <input type="text"/> | Timeframe for software purchase | <input type="text"/> |
| Address 1 * | <input type="text"/> | Timeframe for implementation | <input type="text"/> |
| Address 2 | <input type="text"/> | Budget for software | <input type="text"/> |
| City * | <input type="text"/> | Interested in cloud? (select) | <input type="text"/> |
| State/Province * | <input type="text"/> | Why are they looking for new software solution? | <input type="text"/> |
| Zip/Postal Code * | <input type="text"/> | What solution(s) are they interested in? (select) | <input type="text"/> |
| Country * | <input type="text"/> | Questions/Comments | <input type="text"/> |
| Phone Number * | <input type="text"/> | *Public Sector Opportunities are not eligible for a referral fee at this time | |
| Email * | <input type="text"/> | <input checked="" type="checkbox"/> * Yes, I accept the Terms of Agreement for the Hexagon Referral Program | |
| Your relationship to this company | <input type="text"/> | *Please save your file to your PC before clicking "Create email and Send". If the create email and send button isn't working, please send your saved file to: partners.referrals.ali@hexagon.com | |
| Annual revenue | <input type="text"/> | | |

Create email & Send