

## Lexmark Alliance Partner

### Application Form

**Application Company Name :**

Please complete the following application form and send through to:

Lexmark ALSP Administration

Fax: +61 3 8831 3499

Address: Unit 1, 21 Huntingdale Road, Burwood, Victoria, 3125.



Lexmark Services (Australia) Pty Limited  
A.B.N. 83 050 148 466  
12A Rodborough Road  
Frenchs Forest NSW 2086  
Phone: 02 9930 3500  
Fax: 02 9930 3552  
e-mail: [alsp@lexmark.com](mailto:alsp@lexmark.com)

[Ver: March 2003]



Quality  
Endorsed  
Company  
AS/NZS ISO  
9001:2000  
Lic. QEC 0114  
Standards Australia

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## 1 COMPANY DETAILS

Company Name :  
ABN Number :  
Trading Name :  
Address :  
Town/City :  
State : PostCode :  
Telephone :  
Fax :  
Business Email :  
  
Postal address :  
Town/City :  
State : PostCode :  
  
Delivery address :  
Town/City :  
State : PostCode :

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## 2 SERVICE DELIVERY PERSONNEL

### Service Manager

Name:

Phone:

Mobile:

Email:

### Service Coordinator

Name:

Phone:

Mobile:

Email:

List Technicians who will be Authorised to Service Lexmark Product Range

#### Technician 1

Name:

Mobile:

Email:

#### Technician 2

Name:

Mobile:

Email:

#### Technician 3

Name:

Mobile:

Email:

#### Technician 4

Name:

Mobile:

Email:

#### Technician 5

Name:

Mobile:

Email:

#### Technician 6

Name:

Mobile:

Email:

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Total number of staff in the Company:

Total number of Direct Technicians:

Can you provide Hardware Training to your Team: Yes / No

Do you have a Hardware Support Specialist Yes / No

Do you have a Software Support Specialist Yes / No

List No of Direct Technicians by State/City/Region:

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### 3 SERVICE AND SUPPORT FACILITIES

Hours Of Operation

Monday – Friday:

Saturday:

Sunday:

After Hours service

Yes / No

#### **Support Tools**

Laptop availability for your Field Service Team Yes / No

Mobile Communications for your Field Service Team Yes / No

Full Range of Service Manuals carried by Technicians Yes / No

Permanent Email availability Yes / No

Daily Email availability Yes / No

Permanent Fax availability Yes / No

Permanent Manned Office Yes / No

#### **Service Delivery**

Maximum number of calls you can manage per day & meet all SLA's:

2 Onsite Hour Response Yes / No

4 Onsite Hour Response Yes / No

Guaranteed Next Business Day Response Yes / No

Guaranteed 2 Business Day Response Yes / No

Return To Base Service Yes / No

Maintenance Agreements Yes / No

Spare Parts Inventory Storage Yes / No

Technician Van-stock Yes / No

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Customer Loan Equipment

Yes / No

Are you approved to perform warranty service?

Yes / No

If so, please list these suppliers:

Do you provide service under Specific Service Level Agreements

Yes / No

If so please provide details

**Coverage**

Coverage Area Radius:

Cities/Towns/Regions :

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**Outsource**

Do you outsource any service delivery

Yes / No

If so please provide details

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## 4 HARDWARE

List Brand/ Models of Products you currently Support

Dot Matrix                      Yes / No

Band Printers                      Yes / No

Ink Jet Printers                      Yes / No

Thermal Transfer Printers                      Yes / No

PC                      Yes / No

Scanners                      Yes / No

Photocopiers                      Yes / No

Facsimile Machines                      Yes / No

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Laser Printers      Yes / No

Other Services You Provide

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## 5 RATES

Labour Rates:

Callout Fee:

Travel rates outside your Coverage Area Radius:

After Hours Rates:

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**6 SPARE PARTS**

Do you maintain a controlled spares inventory facility

Yes / No

Value of Spare Parts Holdings:

Value of Van Stock Holdings:

Average turn around time on non-stock parts:

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## 7 TECHNICAL SUPPORT

Who is responsible for managing the Technical Support Group?:

Hardware Support Specialist Name if applicable:

Software Support Specialist Name if applicable:

Number of Technical Support Staff:

Do you log 100% all technical support calls Yes / No

Do you maintain a call tracking History system for the above calls Yes / No

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**8 CUSTOMER ISSUES**

Who is responsible for managing customer issues:

Do you record and track each customer complaint

Yes / No

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**9 MEASURES**

Do you measure your Service Delivery Yes / No

Please list your current Performance, Target & Define Measure Criteria

	Performance	Target	Criteria
Response Met	%	%	
First Fix	%	%	
Recall Rate	%	%	
Fix Time	%	%	

Annual Call Volume:

Please list other:

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10 **SALES**

Do you sell any products

Yes / No

If Yes, please list by type & manufacturer:

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**11 ADDITIONAL INFORMATION**

Additional Information

This Document was completed by,

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Print Name

Title

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Signature

Date