



This Lead Registration Form is for the SAP Referral Program.

This form gathers information for SAP about a lead you want to refer to SAP and/or one of its reseller channels.

The more information you can provide the better chance of making a sale and paying your company a referral fee. Please provide as much of the requested information.

Submit completed Lead Registration Form to Program
Administrator:
ReferralUS@sap.com



About you - the person referring a lead to SAP:
Please list the items below. Asterisked items are required items.

* Your company name	
* Your name	
* Your Position	
* Your Phone	
Your Cell Phone	
Fax Number	
* Your Email	

About The Lead You Are Referring To SAP
Please list the items below. Asterisked items are required items.

* LEAD COMPANY NAME:	
* This opportunity is for which SAP product? (please select from the drop down box)	
* How do you know this company:	
* How do you know of this opportunity:	
* Do you wish your company to be involved in SAP's sales cycle (where possible)?	
* Who from your company should be involved (name, contact info): * In what role?	
* Can we mention your company and your name when contacting this lead?	

Priority Lead Package - SAP Referral Program

Lead Creation Date:
*required

Determination:	<input checked="" type="checkbox"/> Priority <input type="checkbox"/> Regular	Lead Qualifier:	
*Company/Org: *required		Trade style	
*Address: *required		Referral Member BP#:	
		Lead Acceptor/AE:	
*Telephone: *required		VP:	
*E-Mail Address *required		Region:	
Website:			
*DUNS # *required		*Primary SIC Code: *required	
D&B Revenue Range:		Public/Private Status:	
*Industry: *required		*Current US Revenue: *required	
Sector:		End of Fiscal Year:	

Executive Summary

Primary Contact: *required		
* NAME	* PHONE NUMBER	* EMAIL ADDRESS

* Next Step for SAP: *required

Interactions with Prospect / Compelling Event:

*** Current Solutions and Competitor(s): *required**

Oracle JDE PSFT MSFT SSA/LAWSON OTHER:

Implementation Partner(s):

*** Intelligence Summary: *required**

*** Product Solution Interest (i.e. ERP, HR, CRM, Supply Chain, etc): *required**

*** Purchase Time Frame: *required**

<6 Months < 12 Months > 12 months

*** Implementation Time Frame: *required**

<12 Months < 24 Months > 24 months

*** IT Buying Decision Authority: *required**

Decision Maker Influencer Project Owner Other

*** Budget Status: *required**

Budget Approved Identified Budget Amt Budget Not Identified Budget Not Known

Budget Amount:

Lead Origination:

Cold Call Partner Referral Inbound Other

Lead Details

RFP/RFI Information

RFP/RFI Receipt Date:

RFP/RFI Response Timeframe:

RFP/RFI Primary Contact:

Business Description

Core Business:

Parent/Subsidiaries:

Purchase Process

Sample:

*** Needs Qualification *required**

Business Pain Points:

IT Environment

Software Competitors:

Number of Users:

IT Staff Count:

Hardware Platforms:

Audit Partner:

SAP Engagement Information

SAP Meeting Scheduled Date:

Influencing Partner:

SAP Meeting Details:

Demo Requested:

SE/ISG Engaged:

