

To apply to become a registered and approved Agentic Fire & Safety Channel Partner, complete the sections below. Partnering with us opens new income streams, a wider customer base, and sales and marketing support through our Marketing Development Fund — plus pre-qualified leads, pipeline opportunities and ready-made marketing toolkits. Complete every field marked *, and as much of the remainder as you can. We respond to all applications within 5 business days.

WHY PARTNER WITH US

APPROVED & CERTIFIED PARTNERS

Everything an accredited partner gets



Accredited sales training — annual refreshers



Accredited technical training — annual refreshers



Administration and processes training



Increased healthy margin opportunities



White label marketing materials



White label customer reports



Agentic Marketing Assistance fund



Regular technical and systems updates



Annual Channel Partner awards and events



Joint customer support and presentation

PRODUCTS YOU'RE INTERESTED IN

SELECT ALL THAT APPLY

FIREM

☐

Advanced fire monitoring — makes any fire indicator panel smart.

elumen

☐

Australian-made emergency and self-test emergency lighting, certified to AS2293.3.

PLEXUS

☐

Self-healing LoRa mesh network for building connectivity.

Channel Partner Application

APPLICATION & ACCREDITATION

DOC REF · AFS-CPA-01

01 Company details

APPLYING ENTITY

COMPANY REGISTERED NAME *

REGISTERED ABN *

TRADING AS NAME

STREET ADDRESS *

CITY / SUBURB *

STATE *

POST CODE *

COMPANY WEB SITE

DATE OF REGISTRATION

APPROX ANNUAL SALES

NUMBER AND LOCATION OF TRADING OFFICES / BRANCHES

02 Company operations

CAPABILITY & CAPACITY

NUMBER OF TOTAL EMPLOYEES

NUMBER OF DRY / ELECTRICAL TECHNICIANS

COMPANY & STAFF INDUSTRY MEMBERSHIPS AND AFFILIATIONS

OTHER PRODUCTS AND SERVICES YOU REPRESENT

03 Primary contact

WHO WE DEAL WITH

CONTACT NAME *

POSITION / TITLE

EMAIL *

PHONE *

Channel Partner Application

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04 Notes

OPTIONAL

ANYTHING FURTHER THAT MAY ASSIST YOUR APPLICATION

DECLARATION & SUBMISSION

SENDS TO SALES@AGENTICFIRESAFETY.COM

☐

I confirm the information provided is accurate and complete, and that I am authorised to submit this application on behalf of the company named above. *

SIGNED (FULL NAME) *

POSITION / ROLE

DATE *

* Required field.

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