



## Mosaic Alliance Member Application

### Primary Contact:

*First Name:		*Last Name:	
*Job Title:		*Email Address:	
*Company:		*Website:	
*Address:			
*City:	*State/Province:	*Zip/Postal Code:	*Country:
*Phone Number:		*Fax Number:	

### Company Information

Are you a certified Infor partner?  Yes  No

Please provide a brief description of your company:

Please list the Infor and complimentary products with which your company currently works:

### Payment Information

Membership level:  Basic Alliance Membership – \$1000 **Promotional code**, if applicable: \_\_\_\_\_

Check # \_\_\_\_\_ **Credit Card:**  Visa  Mastercard  American Express

By indicating credit card as the method of payment and providing credit card information, I am authorizing payment of the application fee by credit card.

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Cardholder name

\_\_\_\_\_  
Cardholder Signature

All memberships are subject to approval by the Mosaic Board of Directors  
Fax completed applications to 1-866-849-5281