



PARTNER APPLICATION

CORPORATE INFORMATION

Company Name: _____ Federal ID #: _____
 Primary Contact: _____ Title: _____
 Phone Number: _____ Fax: _____
 Corporate Address: _____
 City _____ State _____ Zip Code _____
 Country _____ Email _____

LEGAL STATUS

Type of Organization: Corporation Partnership Proprietorship Limited Liability Company
 Division of: _____ Subsidiary of: _____
 Date Established: _____
 Tax Exemption: _____ (please provide number & state)

BRANCH OFFICES

Number of Branch Offices: _____
 City _____ State _____ Country _____
 City _____ State _____ Country _____
 City _____ State _____ Country _____
 City _____ State _____ Country _____
(please attach additional sheet if necessary)

CONTACT INFORMATION:

Company Officer's:

Name: _____	Title: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Phone: _____	Email: _____
Sales Contact: _____	Title: _____
Phone: _____	Email: _____
Technical Contact: _____	Title: _____
Phone: _____	Email: _____

COMPANY INFORMATION

Number of Full Time Employees: _____
 Number of Field Sales Personnel: _____
 Number of Inside Sales Personnel: _____
 Number of Engineers: _____



PARTNER APPLICATION

Total annual revenue: \$ _____
 Total revenue from wireless networking: \$ _____
 Total revenue from wireless networking that is point-to-point backhaul: \$ _____

Primary Business: Reseller System Integrator Service Provider OEM
 Distributor Direct Marketer Other: _____

How do you conduct your business? *(please check all that apply)*

- Primarily via Phone Trade Shows Referrals
- Primarily Customer Visits Industry Events Repeat Business
- Combined Phone & Customer Visits Cold Calls Internet
- Other: _____

What markets do you address? *(please check all that apply):*

- Banking Education Enterprise Carrier
- Communications Construction Finance Government
- Health Care Insurance Prof. Business Security & Surveillance
- Service Provider Transportation Utilities Wholesale Trade
- Other: _____

What technical services do you provide? *(please check all that apply):*

- Path Calculations Path Planning Path Analysis Site Survey
- Site Planning RF Planning Spectrum Analysis Tower Installation
- 1st line tel. support Troubleshooting Post-sales support Rooftop Installation
- Other: _____

Do you currently sell other wireless backhaul product lines? YES NO

Manufacturer: _____ Model(s): _____
 Authorized Date: _____ Certifications: _____
 Purchase method: Direct Distributor: _____ Other: _____
 Geographic Coverage: _____ Annual Purchase Amount: _____
 Comments: _____

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(please attach additional sheet if necessary)



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Do you currently sell other products other than wireless backhaul? YES NO

If yes, please list other products sold: _____

Please describe how you differentiate yourselves from your competitors, and how a partnership with Exalt would factor into your competitive strategy.

Additional information you feel would be helpful in evaluating your company as a potential Exalt Communications partner: _____

In an effort to build strong relationships between our resellers and distributors, our partners are required to select a primary distributor to purchase Exalt products from. Please note your current primary and secondary Distribution partners below:

- 1. _____
- 2. _____

By signing below, an authorized representative of the Company named above expresses the desire of this company to become an Exalt Partner and attests to the accuracy of the information provided herein.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Please send completed application to:

Mail: Exalt Communications
580 Division Street
Campbell, CA 95008 USA

Fax: 1 (408)-871-9750
Attn: Partner Program Manager

Scan/Email: channelprograms@exaltcom.com

TO BE COMPLETED BY EXALT COMMUNICATIONS:

Date Received: _____
Qualified by: _____
Approved by: _____
Exalt Partner ID #: _____

Date: _____
Date: _____
Distributor: _____