



Power Partner Application

(please fax completed form to 407-339-0362)

Company Name: _____

- (Please check one) Corporation
 Partnership
 Sole Proprieter

Main Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail address: _____

Contact Name: _____ Title: _____

Names of Officers:
(Partners or Owners) _____

Other Office Locations:

_____	City	State	_____	City	State
_____	City	State	_____	City	State

Federal Tax ID or SS #: _____ D & B # _____

- Type of business: Security Consultant
 Telecommunications Construction/Electrical
 Other: _____

Principal's previous business experience: _____

Years experience in power and/or solar Industry: _____

How do you sell your current products and services?



Total Employees: _____ Inside Reps: _____ Outside Reps: _____ Sub Agents: _____

Total Existing Customers: _____
(approximate)

What other products and services do you represent?

I plan to market Solis Energy's products and services in the following:

- Territories: Southeast, US Western, US International
 Northeast, US Southwest, US Europe
 Midwest, US Entire US Asia

- Industries: Security Telecommunications Construction
 Federal Government Gas and Oil
 State and Local Government Rail

I am interested in becoming a Bronze Reseller Silver Reseller Gold Reseller
(see program description sheet)

Solis Energy

Prospective Reseller

Signature

Signature

Printed Name/Title

Printed Name/Title

Date

Date