



# ESTeem Alliance Partnership Application

Please complete all sections of the following application form and the attached credit reference. Return to your Alliance Partnership manager.

Corporate Information			
Company Name:		Date:	
Mailing Address:			Phone:
City:	State:	Zip Code:	
Fax:	Web URL:		
Annual Sales:			

Principal Point of Contact(s)			
Name:		Office Number:	
Mobile:		E-Mail:	
Notes:			
Name:		Office Number:	
Mobile:		E-Mail:	
Notes:			
Name:		Office Number:	
Mobile:		E-Mail:	
Notes:			

Wireless Experience			
Do you have wireless experience?	Yes	No	Years of Experience:
Have you provided RF Site Surveys for customers?			
Estimated ESTeem Unit Sales for First Year:			
Geographical Regions			
List all regions covered by your company:			
Do you wish to receive information on wireless projects in your area?	Yes	No	

Account Payable Point of Contact			
Name:		Title:	
Address:			
City:	State:	Zip:	
E-Mail:			
Phone:		Fax:	

## ESTeem Wireless Modems

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[www.esteem.com](http://www.esteem.com)  
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