

**WATTS ANTENNA BUSINESS PARTNERS PROGRAM
(WBPP)
COMPANY OR AGENCY APPLICATION**

NAME OF COMPANY:
MAILING ADDRESS:
CITY: _____ STATE OR PROVINCE: _____
POSTAL CODE: _____ COUNTRY: _____
CHECK TYPE OF ORGANIZATION: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
IF SUBSIDIARY, NAME OF PARENT COMPANY: _____
MAILING ADDRESS OF PARENT COMPANY: _____ _____
CITY, PROVINCE, POSTAL CODE, COUNTRY: _____ _____
NAME OF CHIEF EXECUTIVE OR MANAGING PARTNER:
TITLE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____
CHECK THE DESCRIPTION OF THE BUSINESS CATEGORY: (ALL THAT APPLY) <input type="checkbox"/> AVIATION SERVICES <input type="checkbox"/> AIRPORT MANAGEMENT <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> PROJECT MANAGEMENT <input type="checkbox"/> OTHER
NUMBER OF EMPLOYEES:
LIST NAMES OF KEY PERSONNEL AND THEIR QUALIFICATIONS & EXPERIENCE _____ _____ _____ _____ _____
LIST PROFESSIONAL MEMBERSHIPS: _____ _____ _____

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DESCRIBE IN SPECIFIC DETAIL PRODUCTS AND SERVICES OF THE COMPANY:
DESCRIBE TYPE OF CUSTOMERS SERVED:
PROVIDE THREE CUSTOMER REFERENCES:
1. CUSTOMER COMPANY NAME: _____ POINT OF CONTACT: _____ MAILING ADDRESS: _____ CITY: _____ STATE OR PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____ PHONE: _____ E-MAIL: _____
2. CUSTOMER COMPANY NAME: _____ POINT OF CONTACT: _____ MAILING ADDRESS: _____ CITY: _____ STATE OR PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____ PHONE: _____ E-MAIL: _____
3. CUSTOMER COMPANY NAME: _____ POINT OF CONTACT: _____ MAILING ADDRESS: _____ CITY: _____ STATE OR PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____ PHONE: _____ E-MAIL: _____

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DESCRIBE THE COMPANY'S EXPERIENCE WITH END-FIRE SYSTEMS:

LIST MARKETING EXECUTIVES AND SALES PERSONNEL LIKELY TO ATTEND WATTS ANTENNA EXECUTIVE MARKETING SEMINAR:

NAME/TITLE/PHONE NUMBER/E-MAIL ADDRESS:

- 1.
- 2.
- 3.
- 4.
- 5.

LIST ENGINEERING, TECHNICAL, & FIELD PERSONNEL LIKELY TO ATTEND WATTS ANTENNA ADVANCED FACTORY TRAINING:

NAME/TITLE/PHONE NUMBER/E-MAIL ADDRESS:

- 1.
- 2.
- 3.
- 4.
- 5.

DESCRIBE THE COMPANY'S OBJECTIVES FOR BECOMING A WATTS BUSINESS PARTNER:
