



Government Partner Application

ADDRESS INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone (_____) _____ Main Fax (_____) _____

Company Web Address: _____

KEY COMPANY CONTACTS

Main Contact: _____

Phone (_____) _____ Ext. _____ E-mail _____

Sales Leads Contact: _____

Phone (_____) _____ Ext. _____ E-mail _____

Marketing Contact: _____

Phone (_____) _____ Ext. _____ E-mail _____

Technical Contact: _____

Phone (_____) _____ Ext. _____ E-mail _____

Training Contact: _____

Phone (_____) _____ Ext. _____ E-mail _____

PROGRAM INFORMATION

Do you wish to receive pre-qualified leads from Digi? YES NO

Please provide your customer numbers with each distributor from which you purchase Digi Products. These are required to measure your average quarterly sales.

Distributor: _____ **Distributor:** _____

Customer # _____ **Customer #** _____

Distributor: _____ **Distributor:** _____

Customer # _____ **Customer #** _____