



Application for StreamNet Partner Program

PARTNER PROFILE

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Company URL: _____

Company Description (50 words or less): _____

CONTACTS

CEO/President: _____

Vice President of Sales: _____

Primary Partner Contact: _____ Title: _____

Phone Number: _____ Email Address: _____

Marketing Contact: _____ Title: _____

Phone Number: _____ Email Address: _____

Technical Contact: _____ Title: _____

Phone Number: _____ Email Address: _____

Tell us about your product(s): Product name, type, description & communications method(s) (i.e.; IR, RS-232, TCP-IP, etc)

Product #1 _____

Product #2 _____

If applicable, other products _____

Company: _____

Name: _____

Title: _____

Signature: _____

Thank you for your interest in joining the Streamnet Partner Program.

If you have any questions please visit our web site at:

www.streamnet.partners.com, email us at

info@streamnetpartners.com or

call us at (800) 945-1973