



ADTRAN CERTIFIED  
WIRELESS DEALER



Please fax completed application  
to Bob Heup  
at Talley Communications:  
562-906-8080

Date: \_\_\_\_\_

## DEALER APPLICATION

Application for APPOINTMENT AS A PROFESSIONAL  
ADTRAN WIRELESS DEALER FOR THE SALES AND SERVICES  
of the ADTRAN WIRELESS PRODUCT LINE .

INSTRUCTIONS: Type or print clearly, complete  
all blanks. Check all applicable boxes.

### APPLICANT

\_\_\_\_\_  
Company (Legal Name)

\_\_\_\_\_  
Business/Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Business Phone (Area Code)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

By signing below, an authorized representative expresses the desire of this company to achieve recognition as an  
ADTRAN Wireless Certified Dealer and attests to the accuracy of the information provided herein.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**I. LEGAL STATUS**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_  
Date established Date established Date established

**Retail Tax Permit:** \_\_\_\_\_  
Tax Number State

*Company Officer's Names and Titles:*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**II. OPERATIONS:**

1. Personnel:

- A. Total Full Time Employees \_\_\_\_\_
- B. Sales Manager Name: \_\_\_\_\_
- C. Service Manager Name \_\_\_\_\_
- D. Number of full time sales Personnel ? \_\_\_\_\_

2. Do you have separate Branch Operations from the applicant address?

No Yes If Yes, please list other addresses below:

_____	_____
<i>Name</i>	<i>Address</i>
_____	_____
<i>Name</i>	<i>Address</i>
_____	_____
<i>Name</i>	<i>Address</i>

*If necessary attach a separate sheet.*

3. Have you ever been or are you currently factory authorized to sell or service other **ADTRAN** product lines?

No Yes Partner Level \_\_\_\_\_

4. List previous experience with sales of microwave/point-to-point products: None See the following:

*Brands*                      *Dates*                      *Comments*                      *Approx. Annual Sales Volume*

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5. Do you currently sell competitive microwave product lines? Yes No

*Brands*                      *Date Authorized*                      *Name of Supplier*                      *Yearly Dollar  
Volume "Purchases"*

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\$

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\$

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6. Are you involved in the sale of products other than wireless? Yes No

If Yes, list other products sold. \_\_\_\_\_

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7. Describe the market area in which responsible Wireless sales and service may be offered.

*COUNTY*                      *STATE*                      *COUNTY POPULATION*

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

*If necessary, attach a separate sheet*

8. What do you consider the major wireless markets in the area listed (in order of potential)?

A. \_\_\_\_\_ D. \_\_\_\_\_

B. \_\_\_\_\_ E. \_\_\_\_\_

C. \_\_\_\_\_ F. \_\_\_\_\_

9. Estimate your ADTRAN microwave point-to-point purchases for the first 12 months following your appointment . \$ \_\_\_\_\_ \$ \_\_\_\_\_ Second 12 months.