

Dear Referral Partner,

We are pleased that you have expressed an interest in becoming a Penwelder Referral Partner. Completing this application and your approval form to become an Authorized Penwelder Referral Partner are the first steps toward an exciting opportunity.

The Penwelder Referral Partner Program Application will be used to evaluate and establish your company as a **Referral Partner**.

After receipt of your completed Penwelder Partner Program Application, Bluelasertools GmbH staff will review the information to determine if we have a good fit. Should you have any questions regarding the Penwelder Partner Program application process, please feel free to call me directly at +43 664 2600910 or send an email to lang@bluelasertools.de.

Sincerely,

Dr. Robert Lang
Partner Program Manager
+43 664 2600910
lang@bluelasertools.de

Penwelder Partner Program Application

All information will be held in strict confidence and is used solely for the purpose of evaluation.

Company Contact Information

| | | |
|---------------------------------|------------------|-----------|
| Company Legal Name: | | |
| VAT#: | Company Contact: | |
| Office Mailing Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | Fax Number: | |
| E-Mail Address: | URL: | |
| Shipping Address (if different) | | |
| City: | State: | Zip Code: |
| Accounting Contact: | Phone Number: | |
| Purchasing Contact: | Phone Number: | |
| Marketing Contact: | Phone Number: | |

Company Classification

Years in Business _____ **Business Type** Corporation Partnership Sole Proprietorship

How would you classify your company? (check all that apply)

Reseller VAR Systems Integrator Consultant Education OEM
 Developer Chain Franchise Distributor Mail Order
 Other: _____

List any vertical markets that you service:

What geographic area does your organization serve?

Local (100 km radius)
 Regional (500 km radius)

National
 International

Total number of employees _____ Apx. number of employees that would sell and service :

Full-time inside sales people
 Full-time pre-sales engineers

Outside sales people
 Post-sales engineers

Indicate below what types of marketing activities your company engages in.

Seminars Newsletters Trade Shows Direct Mail Print advertising

Other _____

Please provide a description of value-added services that your company offers (i.e. consulting, training, certificates, etc.):

Please provide a list of any products that you sell that might compete with Penwelder :

Completion and return of this application do not constitute acceptance by Bluelasertools GmbH of the undersigned as a Referral Partner. Bluelasertools GmbH reserves the right at its sole discretion to deny authorization for any reason. The statements provided in this application are accurate to the best of my knowledge. Failure to sign below will cause delay in application processing. Note that no binding agreement is formed until Bluelasertools GmbH has approved you as a Reseller. Bluelasertools's approval shall only be indicated by its written notification to you of acceptance.

| | |
|-----------------|--------------|
| By (Signature): | Date: |
| Print Name: | Print Title: |