



**DEALERSHIP APPLICATION**

The purpose of this questionnaire is to provide Next Generation Power Systems with a description of your firm and its capabilities. Please print, complete, and mail back to the address below. The information you supply will be used for NGPS purposes only.

**Contact Information**

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ Email \_\_\_\_\_  
State/Province \_\_\_\_\_ Web Address \_\_\_\_\_  
Postal Code \_\_\_\_\_ Owner or Manager \_\_\_\_\_  
Country \_\_\_\_\_ Sales/ Tech Contact \_\_\_\_\_

**Nature of Current Business**

Years in Business \_\_\_\_\_ Facilities and Equipment \_\_\_\_\_  
Years at Present Address \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Estimated Annual Sales \_\_\_\_\_

Are you Presently Selling:  Wind Turbine Systems  Solar Systems  Other Alternative Energy Equipment

If Yes, which Brands? \_\_\_\_\_

Give a brief description of the products & services offered by your firm \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your firm currently offer installation services for the following products?

Wind Turbine Systems  Solar Systems  Other: \_\_\_\_\_

If Yes, Please briefly describe the firms installation experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your firm currently provide on-site after sale service & support?  Yes  No

Does your firm have interest in providing on-site after sale service & support for Next Generation Wind Turbines?  Yes  No

If Yes, within what distance from your facility would you be willing to provide this service \_\_\_\_\_  
\_\_\_\_\_

**Marketing Information**

Please briefly describe your advertising or promotional activities, and send sample of your sales literature, if available \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your country or state provide any economic incentives for wind systems?  Yes  No  
If Yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Average wind speed in your area? \_\_\_\_\_ Local cost of electricity? \_\_\_\_\_

Do utilities pay for excess electricity?  Yes  No If Yes, how much? \_\_\_\_\_

Any special conditions affecting the use of wind power? \_\_\_\_\_

Do you have a wind system installed at your place your firm?  Yes  No

If Yes, Please give manufacturer and model \_\_\_\_\_

If not, would it be possible?  Yes  No

**References**

Bank Ref. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact \_\_\_\_\_

Trade Ref. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State / Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank You

Completed By: \_\_\_\_\_ Date \_\_\_\_\_