



# TransPower Company

Saving Energy and Our Environment

Colorado, USA

## Application for Distributorship

Company Profile Form

**Submitted by:**

Name	Title	Date
Company Name	Year Founded	Number of Employees

**Company Address:**

HQ Location	Number of Locations	Number of Sales Personnel
Street Address	Suite#/P.O. Box	City
State	Zip Code	Country

**Contact Information:**

Contact Name	Phone Number	E-mail Address
Office Phone	Office Fax	Website

**Company Description (Circle ALL that apply)**

Value Added Reseller (VAR)	Yes or No	Electrical Dealer	Yes or No
Retrofit – Energy Consultant/Contractor	Yes or No	Electrical Distributor	Yes or No
Light Fixture Manufacturer	Yes or No	National Account	Yes or No
OEM – Original Equipment Manufacturer	Yes or No	Building Owner	Yes or No
Electrical Service/Maintenance Company	Yes or No	National Distributor	Yes or No
Proper Management Company	Yes or No	Regional Distributor	Yes or No
Electrical Products Sales Company	Yes or No	Distribution Green Building Products	Yes or No

**What Products Do You Sell (List units sold)**

1.	4.	7.
2.	5.	8.
3.	6.	9.

**Where Do You Sell – Geographic Locations (List units sold)**

1.	4.	7.
2.	5.	8.
3.	6.	9.

**Do You Purchase, Sell, Install, Distribute Light Fixtures (Circle)**

Sell    I    nstall    Di    stribute

**YES\* or NO**

\*If yes, who is your target market?

Units Qty Sold / Year?

**Do You Purchase, Sell, Install, Distribute Ballasts (Circle)**

Sell    I    nstall    Di    stribute

**YES\* or NO**

\*If yes, who is your target market?

Units Qty Sold / Year?

**What Is Your Industry and Application Focus (Circle ALL that apply)**

Office                      Healthcare                      Education                      Government  
 Industrial                      Hospitality                      Manufacturing                      Other:

Fax this completed Profile Form to TransPower Company at (303) 648-6480 or scan and e-mail to: [adil@transpowerco.com](mailto:adil@transpowerco.com)