

Application

OMNINET Partner Program



Application „OMNINET Partner Program“

Please fill in the information about your company if you are interested in the "OMNINET Partner Program".

Company Profile

Company	<input type="text"/>
Address	<input type="text"/>
ZIP Code	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Web Site	<input type="text"/>
Contact Person First Name	<input type="text"/>
Contact Person Surname	<input type="text"/>
Job Title	<input type="text"/>
Department	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Mobile	<input type="text"/>
E-mail	<input type="text"/>

Desired Partner Status

Further Information about the possibilities of partnership you can find in the description "OMNINET Partner Program".

<input type="checkbox"/> Project Partner	<input type="checkbox"/> Sales Partner
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Company Profile

Branch	<input type="text"/>
Annual revenue	<input type="text"/>
Number of employees	<input type="text"/>
Year established	<input type="text"/>
Sites / Locations	<input type="text"/>
In which countries do you operate?	<input type="text"/>
Products and Services?	<input type="text"/>
Key Accounts	<input type="text"/>

Further Information

In which branch your cutomers?	
<input type="checkbox"/> Finance	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Public Sector
<input type="checkbox"/> High Tech	<input type="checkbox"/> Retail
<input type="checkbox"/> Automotiv	<input type="checkbox"/> Telecommunication
<input type="checkbox"/> Manufacturing	Other <input type="text"/>
Which turnover do you expect by a partnership with OMNINET?	<input type="text"/>
What expectations do you have by being a partner of OMNINET?	<input type="text"/>
Do you have other partnerships? With whom?	<input type="text"/>

Thank you for your help!

Please send this form back to:

partner@omninet.de

or per fax:

+49 9126 25979-40

For further questions please do not hesitate to contact us!

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