



Partner Questionnaire

Company Name:

Physical Address:

City:

State:

Zip:

Service Contact Person:

Title:

Phone:

Extension:

Mobile:

Fax:

E-mail Address:

Office Contact Person:

Title:

Phone:

Extension:

Mobile:

Fax:

E-mail Address:

After Hours Emergency Contact:

Phone:

Mobile:

E-mail Address:

Are you a member of a Union?

Standard Business Hours:

CCTV Hourly Rate:

Low Voltage Hourly Rate:

Data Hourly Rate:

Networking Hourly Rate:

TELCO Hourly Rate:

Delayed Egress Hourly Rate:

Fire & Burg Hourly Rate:

Overtime Rate:

Minimum Hours:

Travel Charge:



CoLiant Solutions

Connecting Customers

Travel Distance without charge:

What Metropolitan Area(s) do you Service:

Please Indicate with a Yes or No if you are experienced in the below services:

(**Please attach copies of all licensing for our files**)

Low Voltage: _____ Data: _____ Networking: _____ TELCO: _____

CCTV: _____ Roof Maintenance: _____

Delayed Egress: _____ Number of Technicians: _____

Fire and Burglary: _____ License#: _____

List any specific brands of programs/systems that you might be qualified in such as Bosch, Nortel, etc..

How did you hear about our company? Do you know anyone that currently works with us?

We look forward to doing business with you!

Kim Barth
Administrator