



SECTION I – GENERAL INFORMATION

Company Name: _____

Company Address: _____

Telephone Number: _____

Fax Number: _____

Principal Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Sales Contact Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Technical Contact Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Operations Contact Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Accounting Manager: _____

Title: _____

Email Address: _____

Phone Number: _____

Do you have a Web site? Yes () No () If yes, please list URL: _____

Number of Employees: _____

Number of Salespeople: _____

Number of Technicians: _____

Number of salespeople who will market the RHUB products: _____

Number of Company Vehicles: _____

Years in business: _____

Federal ID# _____

Type of Legal Entity: Corporation () Partnership () Other () _____

State of Incorporation / County of registration: _____

4340 Stevens Creek Blvd., Suite 282
San Jose, CA 95129
(408) 899-2830
www.rhubcom.com



Operations:

What post-warranty maintenance alternatives do you offer to your end users?

What are your standard hours of operation?

What type of after-hours support/maintenance do you provide?

Average response time:

Maximum response time:

SECTION III: REFERENCES

Please provide four (4) customer references for installations completed in the last three months. Please include company name, contact, contact telephone number, and brief description of system installed.

Company name	Contact	Phone	System installed