

Solar System Computers Partners Form

First Name: Last Name:

Street Address:

Street Address 2:

City: State: Zipcode:

Check Box for type of Partnership applying for:

Basic Partner

Premiere Partner

Retail Partner

Retail Partner enter your State Tax ID here: _____

By filling out this form and signing at the bottom. You agree to follow all the rules set forth in the guidelines for Partnership with Solar System Computers. If you do not follow the guidelines, you risk losing your right to stay as a partner, and/or may lose the right to become a partner in the future.

Signature: _____

Date: _____