



Channel Partner Application    Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**SCTG Holdings, LLC; d.b.a. Spirit Communications**  
 1500 Hampton St., Columbia, SC 29201

<b>Business Name</b>		
<b>Physical address</b>		
<b>City, State, Zip</b>		
<b>Mailing Address</b>		
<b>City, State, Zip</b>		
<b>Phone</b>	<b>Fax</b>	<b>Email</b>
If Branch, Headquarters or Subsidiary Name:		
Headquarters or Subsidiary Address, State, Zip:		
<b>Years in Business:</b>	<b>Years Incorporated:</b>	<b>State of Incorporation:</b>
<b>Corporation ( )    Sole Proprietorship ( )    Partnership ( )    Please check one if applicable.</b>		
<b>Principals (Name and Title)</b>		
(1)		SS#
(2)		SS#
(3)		
(4)		
<b>Federal Tax ID #</b>	<b>State Tax ID #</b>	<b>Dun &amp; Bradstreet #</b>
<b>Bank &amp; Branch</b>	<b>Phone #</b>	<b>Account Officer</b>
(1)		
(2)		
<b>Trade References</b>	<b>Phone #</b>	<b>Contact Person</b>
(1)		
(2)		
(3)		



Please read the attached document titled "The Value System". After you have read it over completely please initial here \_\_\_\_\_.

**Insurance Carriers: Worker's Comp/Employers Liability, Comprehensive General Liability** (fire, legal, personal injury, bodily injury, property damage, operations damage, etc.) **All-risk property coverage** including vandalism and malicious theft.

Company Name	Contact Person	Phone
(1)		
(2)		
(3)		

Questions	
Does your company have a showroom? ( ) yes ( ) no	Please give the approximate square footage:
What are your annual gross sales?	Corporate web address?
How many employees in your company? ( ) How many are direct sales people? ( )	How many customers do you have?

**Place your business into one of the following categories.**

1. Computer/Telecom Services _____	2. Non-Computer specific retail _____
3. Association _____	4. Service Provider _____
5. Systems Integrator _____	6. Other _____

**Please place a check by the products that you would be interested in offering to your customer base or membership:**

LX & LD \_\_\_\_\_ DSL & Internet \_\_\_\_\_ Paging \_\_\_\_\_ IXC Data Communications \_\_\_\_\_ Conferencing \_\_\_\_\_ Other \_\_\_\_\_  
 (Local Exchange & LD) Metro-Ethernet Access \_\_\_\_\_ Other \_\_\_\_\_

Please provide a brief description of your business or association for eventual referrals from Spirit Communications website when available.

Thank you for completing the application. Please sign beside the X and record the date in the space provided.

**X** \_\_\_\_\_

\_\_\_\_\_  
(Print name)

**Please list your products and services:**

\_\_\_\_\_  
(Title)

TODAY'S DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_