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DEALERSHIP APPLICATION

The purpose of this questionnaire is to provide the marketing department of Bergey Windpower Co. with a description of your firm and its capabilities. The information you supply will be used for BWC purposes only. Your cooperation in completing this questionnaire is appreciated.

CONTACT INFORMATION

NAME OF FIRM _____ PHONE _____
ADDRESS _____ FAX _____
CITY _____ E-MAIL _____
STATE/PROVINCE _____ WEB ADDRESS _____
POSTAL CODE _____ OWNER OR MANAGER _____
COUNTRY _____ SALES/TECH CONTACT _____

NATURE OF CURRENT BUSINESS

YEARS IN BUSINESS _____ FACILITIES AND EQUIPMENT _____
YEARS AT PRESENT ADDRESS _____
NUMBER OF EMPLOYEES _____
ESTIMATED ANNUAL SALES _____

ARE YOU PRESENTLY SELLING: Wind Turbine Systems? Solar Systems? Other Alternative Energy Equipment?
IF YES, WHICH BRANDS? _____

BRIEFLY DESCRIBE THE PRODUCTS & SERVICES OFFERED BY YOUR FIRM _____

DOES YOUR FIRM CURRENTLY OFFER INSTALLATION SERVICES FOR THE FOLLOWING PRODUCTS?
 Wind Turbine Systems Solar Systems Other: _____

IF YES, PLEASE BRIEFLY DESCRIBE YOUR FIRMS INSTALLATION EXPERIENCE _____

DOES YOUR FIRM CURRENTLY PROVIDE ON-SITE AFTER SALE SERVICE & SUPPORT? YES NO
DOES YOUR FIRM HAVE INTEREST IN PROVIDING ON-SITE AFTER SALE SERVICE &
SUPPORT FOR BERGEY WIND TURBINE SYSTEMS? YES NO
IF YES, WITHIN WHAT DISTANCE FROM YOUR FACILITY WOULD YOU BE WILLING TO PROVIDE THIS SERVICE _____

MARKETING INFORMATION

PLEASE BRIEFLY DESCRIBE YOUR ADVERTISING OR PROMOTIONAL ACTIVITIES, AND SEND SAMPLES OF YOUR SALES LITERATURE, IF AVAILABLE _____

DOES YOUR COUNTRY OR STATE PROVIDE ANY ECONOMIC INCENTIVES FOR WIND SYSTEMS? YES NO
IF YES, PLEASE DESCRIBE _____

AVERAGE WIND SPEED IN YOUR AREA? _____ LOCAL COST OF ELECTRICITY? _____
(Wind maps available at: <http://www.bergey.com>)

DO UTILITIES PAY FOR EXCESS ELECTRICITY? YES NO IF YES, HOW MUCH? _____

ANY SPECIAL CONDITIONS AFFECTING THE USE OF WINDPOWER? _____

DO YOU HAVE A WIND SYSTEM INSTALLED AT YOUR PLACE OF BUSINESS? YES NO
IF YES, PLEASE GIVE MANUFACTURER AND MODEL _____
IF NOT, WOULD IT BE POSSIBLE? YES NO

REFERENCES

BANK REF. _____ COUNTRY _____
ADDRESS _____ PHONE _____
CITY _____ FAX _____
STATE/PROVINCE _____ CONTACT _____
POSTAL CODE _____

TRADE REF. _____ COUNTRY _____
ADDRESS _____ PHONE _____
CITY _____ FAX _____
STATE/PROVINCE _____ CONTACT _____
POSTAL CODE _____

COMMENTS

THANK YOU

COMPLETED BY: _____ DATE: _____