

I. General Background

Business Name: _____
 Doing Business As (DBA): _____

Street Address: _____
 City: _____ State: _____ Zip Code: _____

Ship to Address: _____
 City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____
 Federal Tax ID#: _____

II. Contacts – North Atlantic provides our Sub-Dealers with industry news, updates and information in a timely manner. Please indicate below the specific people you wish to receive these informational updates:

Name: _____ Phone: _____ Email: _____
 Name: _____ Phone: _____ Email: _____

Activation Reporting: Person(s) responsible for sending monthly activation reports to North Atlantic:

Name: _____ Phone: _____ Email: _____

III. Date Business Established Month _____ Year _____

Size & Structure

Please complete with your company's info:

	Current Year 2006	Last Year 2005
Annual Activations		
Number of Retail Locations		

Do you have a B2B sales staff? Yes No
 Do you sell wireless products via the Internet? Yes No
 If yes, what is the website address? _____
 What are your location's days and hours of business? _____

What is your forecast for wireless activations in the first year? _____

North Atlantic Helio use ONLY

Location: _____ Demo ESN #: _____ Channel ID#: _____
 Activation Codes: _____ Login: _____ Password: _____
 Heat Codes: Login: helio.com_____ Password: _____

Location: _____ Demo ESN #: _____ Channel ID#: _____
 Activation Codes: _____ Login: _____ Password: _____
 Heat Codes: Login: helio.com_____ Password: _____