

## Wireless Installers and Providers - Application Form

Company Name:

Address:

Phone:

Fax:

Email:

Website:

Wireless Provider

Wireless Installer

Town/City or Region Covered:

256 character description of the service you provide:

Return this form with an image of your logo attached to [marketing@gowifi.co.nz](mailto:marketing@gowifi.co.nz)