



**1**

**RESELLER APPLICATION** (Minimum required purchases \$5,000 per year.)

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Years in Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Ship COD? Yes/No: \_\_\_\_\_

**TYPE OF BUSINESS:** (If incorporated, list names of officers)

President/Owner: \_\_\_\_\_  Corporation

Vice-Pres: \_\_\_\_\_  Partnership

Secretary: \_\_\_\_\_  Proprietorship

Treasurer: \_\_\_\_\_  Other (Specify)

Bank Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Account No: \_\_\_\_\_ Contact: \_\_\_\_\_

List three suppliers with whom you have established a reseller relationship with:

NAME	ADDRESS	TELEPHONE / FAX NUMBERS
		(T)
		(F)
		(T)
		(F)
		(T)
		(F)

**2**

**CREDIT APPLICATION** (Minimum required combined purchases of \$5,000 per year.)

Credit Requested: \_\_\_\_\_ Credit Approved: \_\_\_\_\_

Our principal business is: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only do not write below this point							
Cust. #	Terms	Approved By	Confirmed by	Category Code	Sales Code	Class Code	Lit. Sent