



RESELLER APPLICATION

FAX TO: 877-275-1615

BUSINESS CONTACT INFORMATION

Contact Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Website:			
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		Tax Exempt Number:	
Sole proprietorship []	Partnership []	Corporation []	Other []

CREDIT INFORMATION

Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

SALES INFORMATION

Annual Sales Volume:	Do you currently offer Transmission products? Y / N
# of Transmissions Sold Annually:	<i>If Yes, from which company(s):</i>
<p>IF YOU SPOKE WITH A REPRESENTATIVE BEFORE APPLYING, PLEASE SPECIFY THEIR NAME HERE:</p>	

SIGNATURES

Title:	Title:
Date:	Date: