



Reseller Program Application Form

Company Information

Company name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Website: _____

Business Information

Federal tax ID#: _____ DUNS#(optional): _____
 Year established: _____ Years in business: _____
 Number of employees: _____
 Last year sales volume: _____
 Main business activity(SI, Installer, VAR, etc.): _____

Contact Information (name, e-mail, extension)

Product manager: _____
 Purchasing: _____
 Sales: _____

Please fax this two page form filled in to 925 705 7388 or scan it and send it as an attachment file by e-mail to sales@datainterfaces.com for a quick processing.

Datainterfaces.com reserves the right to terminate the Reseller Program at any time. The status of Reseller Partner will be evaluated yearly.

References

Bank Reference

Bank name: _____

Account(s) no: _____

Contact person: _____

Phone: _____ Fax: _____

Website: _____

Trade References

Supplier Name: _____

Account No.: _____

Address: _____ City: _____

State/ZIP: _____ Phone: _____ Fax: _____

Supplier Name: _____

Account No.: _____

Address: _____ City: _____

State/ZIP: _____ Phone: _____ Fax: _____

Supplier Name: _____

Account No.: _____

Address: _____ City: _____

State/ZIP: _____ Phone: _____ Fax: _____