

## 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 pages form filled in to (503) 764 1462 or scan it and send it as an attachment file by e-mail to sales@datainterfaces.com for a quick processing.

RAL Communications Corp. 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: \_\_\_\_\_