



Reseller Application

dba CompuExpert

Company Information

Legal Name of Business: _____

Nature of Business: _____

Years in Business: _____ **Number of Locations:** _____

Owner/Operator: _____

Phone: _____ Mobile: _____

Fax: _____ Website: _____

E-mail: _____

Buying Contact: _____

Phone: _____ E-mail: _____

Accounting Contact: _____

Phone: _____ E-mail: _____

Preferred Method of Payment: _____

Bill To:

Type of Address: Residential Commercial

Company Name: _____

Attention: _____ Phone: _____

Street: _____ Floor: _____

City/ State/ Province: _____

County/ Postal Code: _____

E-mail: _____

Ship To: (If Different)

Type of Address: Residential Commercial

Company Name: _____

Attention: _____ Phone: _____

Street: _____ Floor: _____

City/ State/ Province: _____

County/ Postal Code: _____

E-mail: _____

Special Shipping Instructions: _____

Agreement

I hereby certify that the information contained herein is complete and accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____