



# Reseller Application

dba CompuExpert

## Company Information

**Legal Name of Business:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_ **Business Type:** (Corporation, Partnership, Sole Proprietorship)

**Number of Locations:** \_\_\_\_\_ **Tax ID Number:** \_\_\_\_\_

**Owner/Operator:** \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell/ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Buying Contact:** \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Accounting Contact:** \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Preferred Method of Payment:** \_\_\_\_\_

## Bill to:

Type of Address:  Residential  Commercial

Name: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Ship to: (If Different)

Type of Address:  Residential  Commercial

Name: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Shipping Instructions: \_\_\_\_\_

## Agreement

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_