

Technolight Reseller Application

Tax ID or Reseller ID: _____

Contact Name: _____

COMPANY NAME: _____

PH: _____

ADDRESS: _____

E-mail: _____

Website: _____

CITY _____ STATE _____ ZIP _____

ESTIMATED CUSTOMER OVERVIEW:

Are you Tax Exempt? Yes _____ No _____

If Yes, you will need to submit a copy of your Tax Exempt Certificate.

How many years in business: _____

Estimated Technolight Parts per year: \$ _____

Estimated Annual Sales \$: _____

How do you plan on using the Technolight products? ___ Resale ___ Personal ___ Business

Do you have multiple locations? _____

Will you warehouse the products or plan to drop ship? _____

Will you be advertising that you are a Technolight Reseller on your own website? _____

Why are you looking for wholesale pricing? _____

COMMENTS/NOTES: _____

APPROVAL (for Technolight office only):

Sales Rep Name (print): _____

Approval By (print): _____

Signature: _____

Signature: _____
