Reseller Application

**Company Information:**

|  |  |
| --- | --- |
| L4I Account Number: |  |
| Corporate Name: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Phone Number: |  |
| Fax Number: |  |
| Website: |  |
| Reseller Number: |  |
| State Issued: |  |

**Contacts:**

Main Contact:

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Phone Number: |  |
| Email Address: |  |

Purchasing Contact:

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |
| Email Address: |  |

Accounts Payable Contact:

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |
| Email Address: |  |

CEO/ President/ Owner:

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |
| Email Address: |  |

**Description of Business:**

|  |  |
| --- | --- |
| Date Established: |  |
| Company’s prior year annual sales: |  |
| Company’s projected revenue for this year: |  |
| Number of Employees: |  |

**Business Model:**

Area of Focus:

|  |  |  |  |
| --- | --- | --- | --- |
| Value Added Reseller | Exporter | Integrator | Consultant |
| Education Center | Ecommerce | Retail Outlet | Other |

Industries Sold To:

|  |  |  |  |
| --- | --- | --- | --- |
| Industrial | Automotive | Aerospace | Medical |
| Education/ Schools | Home/Hobbyists | Other: (Please Specify) |

Principle value provided by your company to its customers:

|  |
| --- |
|  |

Please list the geographic areas served by your company:

|  |
| --- |
|  |

Please tell us why you would like to be a Tiger Tool Supply reseller:

|  |
| --- |
|  |

The information provided is to be true and accurate. Reseller pricing provided by Tiger Tool Supply is to be kept confidential and is not to be disclosed. Payments are to be made per terms or on credit card. Late payments will void your company’s reseller status.

Name: (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_