

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 1458 or scan it and send it as an attachment file by e-mail to sales@robofiber.com for a quick processing.

ROBOfiber, Inc. reserves the right to terminate the Reseller Program at any time.

The status of Reseller Partner will be evaluated yearly.

ReferencesBank 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: _____