



## RESELLER / DEALER ACCOUNT APPLICATION

P.O. Box 1340  
Lake Stevens, WA 98258  
Phone: 800.464.2443 or 702.456.3340  
Fax: 888.464.2443 or 702.456.3352

First Name*:	Last Name*:
<input type="text"/>	<input type="text"/>
E-Mail Address*:	
<input type="text"/>	
Legal Business Name*:	
<input type="text"/>	
Business Type*:	
<input type="text"/>	
Resale Certificat ID*:	
<input type="text"/>	
Phone Number*:	Fax Number*:
<input type="text"/>	<input type="text"/>
Address (P.O. Box not acceptable)*:	
<input type="text"/>	
<input type="text"/>	
City*:	
<input type="text"/>	
State / Province*:	
<input type="text"/>	
ZIP / Postal Code*:	
<input type="text"/>	
Country*:	
<input type="text"/>	

### SIGNATURE REQUIRED:

Applicant/applying company certifies that all information provided in this application form is true and correct. I the undersigned, being a duly authorized individual, do hereby authorize Pro Products Sales to perform a company background check for consideration of this application.

Signature

Title

Date