

Reseller Application Form

Authorized Reseller Application:

Thank you in your interest in becoming an Authorized Proavio Reseller. By completing the following application form, you will begin the process of becoming a member of the Proavio Reseller community. Please submit all completed application forms electronically by email to info@proavio.com, or fax to 1+562-777-3499.

Please TYPE or PRINT the following information **clearly** for Proavio to review. All information is strictly confidential

Date: ____/____/____

1. Company Information:

Company Name: _____

Primary Telephone #: _____ Fax #: _____

Principal Contact: _____ Title: _____

E-mail Address: _____ Web Site URL: _____

Tax ID #: _____ Reseller ID#: _____

Please attach a copy of Reseller Tax Exempt Certificate.

Corporation Partnership Subsidiary or Branch-office Sole Proprietorship Year Established: _____

Mailing and Billing Address:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Shipping Address

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Is this the primary location? Yes No Are there branch locations? Yes No How many: _____