ROBOfiber

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 document 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.

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References

Bank Reference

Bank name: _____

Account(s) no: _____

Contact person: _____e-mail_____

Phone: _____Fax:_____

Website: _____

Trade References

Supplier Name: _____

Account No.: _____

Address: _____City:_____

State/ZIP: _____Phone:_____Fax:_____

Contact name: _____e-mail:_____

Supplier Name: _____

Account No.: _____

Address: _____City:_____

State/ZIP: _____Phone:_____Fax:_____

Contact name: _____e-mail:_____

Supplier Name: _____

Account No.: _____

Address: _____City:_____

State/ZIP: _____Phone:_____Fax:_____

Contact name: _____e-mail:_____