



Reseller Application

Full name: *First (required)* _____ *Last (required)* _____

Email: _____

People authorized to use this account, other than yourself:

First Name (required)	Last Name (required)	Contact Email / Phone No
_____	_____	_____
_____	_____	_____

Company name: _____

DBA (if applicable): _____

Bill To: Address: _____

City: _____ State: _____ Zip: _____

Attn: _____

Ship To: Address: _____

City: _____ State: _____ Zip: _____

Attn: _____

Office Phone: _____ Extn: _____

Direct Line: _____ Extn: _____

Fax Line: _____ Extn: _____

Other: _____

What type of business do you have? _____

Do you have a storefront? Yes No If yes, how many? _____

Do you have a website(s)? Yes No

If yes, what is your web address(es)? _____

Number of employees: _____

Business Type: Distributor Reseller

Product Range: Phone PDA Camera MP3 Computer

Estimated order quantity per model: Below 10 10 – 25 25 – 50 100 and above

Please fax application to (651) 340-9676, or email copy to sales@fosmon.com