



Reseller Application

Please call if any questions 813-333-2832

Please take a moment and provide the information requested on this form and return it to us via e-mail at sales@sandscorp.net or by Fax at 813-600-3422

Legal Business Name _____

Phone # _____ Fax # _____

Billing Address _____

City, State, Zip _____

Shipping Address _____

City, State, Zip _____

Business is a: _____ Year Started: _____ State of Org. _____

Federal I.D. # _____ Dun & Bradstreet # _____ State Tax ID # _____

Website Address: _____

Main Business Focus: _____

Are you a: Subsidiary Division

Parent Company _____

Address _____

City _____

State _____ Zip Code _____

A/P Contact Name and Phone # _____

E-mail Address _____

Name _____ Social Security # _____

Home Address _____ Driver's License # _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Continue to page two only if you are requesting Net Terms or Company Check

X _____ Date: _____

Trade References

1. Name _____

Contact _____ Phone # _____ Email: _____

Credit Terms _____ Credit Limit _____

2. Name _____

Contact _____ Phone # _____ Email: _____

Credit Terms _____ Credit Limit _____

3. Name _____

Contact _____ Phone # _____ Email: _____

Credit Terms _____ Credit Limit _____

Bank _____ Acct # _____

Contact _____ Phone # _____

Bank _____ Acct # _____

Contact _____ Phone # _____

Number of Employees _____

X _____ Date: _____