



It's the NEW FAST! Get in the fast lane!

Reseller Application Form

Please complete the following then fax, or scan and email the signed form to:  
 Accounting at IOCELL Networks  
 fax: 510.683.9720  
 email: accounting@iocellnetworks.com

After reviewing your application, we will contact you with necessary means to begin purchasing our products for resale.

Contact Information

Principal Sales Contact		
*First Name:		
*Last Name:		
*Title:		
*Principal/Owner:		
*Phone:		( ) Ext:
Secondary Phone:		( ) Ext:
Fax:		( )
*Email Address:		

\*Which distributors do you purchase from: (check all that apply.)

D&H	Customer #:	
Ingram Micro	Customer #:	
Tech Data	Customer #:	
Synnex	Customer #:	
*Company Detail:	VAR or DMR:	Other:
*Company Name:		
*Doing Business as (DBA):		
*Address:		Suite:
*City:		
*State/Province:		
*Zip/Postal Code:		
*Country:		
*Website:		

Completed By

*First Name:		
*Last Name:		
*Title:		
*Email:		
*Phone:		( ) Ext:



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Company's Profile		
1. Which of the following best describes your firm's primary business model:		
Service	Retailer	Consulting
If other, please specify:		
2. Number of Outlets:		
3. Retail storefront?	Yes	No
4. Vertical markets: (check all that apply)		
Education		
Government		
Hospitality		
Healthcare		
Enterprise		
Digital/Audio/Video		
Manufacturing		
Security		
Home Conversions		
Legal		
SMB		
Insurance		
Other:		
5. Staff:	(Indicate number)	
Sales		
Technical		
6. Revenue:		
7. Storage lines offered: (check all that apply)		
Iomega		
Buffalotech		
Seagate		
Lacie		
Maxtor		
Western Digital		
Simpletech		
Snap		
IOGear		
Other:		
8. Top selling storage product lines:		



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CREDIT CARD CHARGE AUTHORIZATION FOR PURCHASES

locell Networks Corp.  
 163 Whitney Place, Fremont CA 94539  
 (Tel) 510-683-9700, (Fax) 510-683-9720

Company Name/Full Name	
Address	
Phone	
Fax	

CREDIT CARD CHARGE AUTHORIZATION

Credit Card Type	[ <input type="checkbox"/> ] VISA [ <input type="checkbox"/> ] Mastercard
Account Number	
Billing Address	
Expiration Date	
Cardholder's Name	
CVV2 # Last 3 digits on back of card	
For the purchases of:	
I authorized the charge to the above my credit card account.	
I also agree that I will not initiate any dispute on this charge in the future for the reason of "No Cardholder Authorization."	
Cardholder's Signature	
Date Signed	