



## Reseller Application

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Thank you for considering IOCELL Networks products for your company's distribution. This application will allow us to establish an account and distribution channel for your company.

Please fill in all the following pages and follow the submission instructions at the end so that we may process your request as soon as possible.

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## How to apply

IOCELL Networks reseller opportunities are available to technology partners based only in the USA and Canada who will install or distribute IOCELL Networks products to end users. If you currently have accounts with other nationwide distributors we encourage you to obtain our products through established channels. However, we always welcome individual accounts with direct distribution from IOCELL Networks to your company.

### Submit an application online

Simply visit <http://www.iocellnetworks.com/resellers> in order to fill out the application on the internet.

### Submit this application by fax, mail or email.

1. Complete the following form by using a PDF reader application, or print and complete by hand.
2. Submit the form by one of the methods below:
  - By email to [support@iocellnetworks.com](mailto:support@iocellnetworks.com).
  - By fax to 732 626 6534
  - By mail to :  
IOCELL Networks  
5 Market Street, Suite 520  
Plainsboro, NJ 08536

## Application

Please include as much as possible. The asterisk (\*) indicates a required field.

### Primary Sales Contact

\* Title \_\_\_\_\_

\* First Name \_\_\_\_\_

\* Last Name \_\_\_\_\_

\* Principal Owner \_\_\_\_\_

\* Main Phone \_\_\_\_\_

    Alternate Phone \_\_\_\_\_

                    Fax \_\_\_\_\_

\* Email Address \_\_\_\_\_

### Company Profile

\* Company Name \_\_\_\_\_

\* Doing Business as \_\_\_\_\_

\* Address \_\_\_\_\_

    Suite \_\_\_\_\_

    Address 2 \_\_\_\_\_

\* City \_\_\_\_\_

\* State / Province \_\_\_\_\_

\* Zip / Post Code \_\_\_\_\_

\* Country \_\_\_\_\_

    Website \_\_\_\_\_

    # on staff Sales: \_\_\_\_\_ Support: \_\_\_\_\_

    Revenue \_\_\_\_\_

    NJ Tax Exemption \_\_\_\_\_

**Current Distribution Channels**

Distributor	Customer #
D & H	_____
Ingram Micro	_____
Tech Data	_____
Synnex	_____

**Market Sector**

\* Scope:             Local    Nationwide    International  
 VAR    DMR    None

\* Primary Business    Retail    Service    Consulting    Other

Specify, if "Other"

# of Outlets \_\_\_\_\_

Retail Storefront?    Yes    No

\* Vertical Markets (check all that apply)

<input type="checkbox"/> Education	<input type="checkbox"/> Legal	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Security
<input type="checkbox"/> Government	<input type="checkbox"/> SMB	<input type="checkbox"/> Audio/Video	<input type="checkbox"/> SOHO
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Insurance	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Healthcare

Other: \_\_\_\_\_

Storage Currently Offering: (Check all that apply)

<input type="checkbox"/> Iomega	<input type="checkbox"/> Lacie	<input type="checkbox"/> SimpleTech	<input type="checkbox"/> Mirra
<input type="checkbox"/> Maxtor	<input type="checkbox"/> Snap	<input type="checkbox"/> Seagate	<input type="checkbox"/> Western Digital
<input type="checkbox"/> Ximeta	<input type="checkbox"/> Buffalo	<input type="checkbox"/> IOGear	

Other: \_\_\_\_\_

Top Selling Storage Lines:

\_\_\_\_\_

## Credit Card Authorization

This information is required only if you intend to order products by email, fax or by phone. If you will fill orders via our online shop, you do not need to fill out this section.

Credit Card Type \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Verification # \_\_\_\_\_

**Credit Card Use Terms:** I(We) agree to allow IOCELL Networks to use the credit card information listed above for purchasing hardware and software ordered by under the terms of IOCELL Networks' Reseller Program. I(We) also understand that a printed, signed version of this document must be returned by fax or by mail to IOCELL Networks. I(We) agree to allow this information to remain on file and be used for purchases until the expiration date listed above, or until my/our participation in this program is canceled. I(We) will provide an updated authorization as needed. I(We) or IOCELL Networks may cancel this agreement at any time.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_