



Reseller Application

Company Name _____

Company Address _____

City, State, Zip _____

Main Contact _____

Title _____

Phone # _____

Fax # _____

Email Address _____

Shipping Address (if different):

Shipping Address _____

City, State, Zip _____

Main Contact _____

Title _____

Phone # _____

Additional Locations:

Please list all locations for which you are applying for authorization

Address _____

City, State, Zip _____

Contact for this Location _____

Address _____

City, State, Zip _____

Contact for this Location _____

Name(s) Of Key Contacts _____

Sales Manager _____

Technical Support _____

Marketing Support _____

Type Of Operation:

Please Check All That Apply

Direct Sales Ecommerce Mail Order Retail / Rental

of Employees _____ % in Sales _____ % in Support _____

Years in Business _____ Previous Years Sales _____

Type Of Operation: Please Check All That Apply			
<input type="checkbox"/> Direct Sales	<input type="checkbox"/> Ecommerce	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Retail / Rental

Broadcast _____	SD / HD Video _____	Govt. _____
Animation _____	Integration _____	Training _____

Product Lines You Currently Sell:

Hardware Platform:

PC MAC SGI Other _____

Software Application You Company Currently Sells:

Describe Your Post Sales Support Program:

How do you currently market your product lines?

What market(s) do you plan to focus on with Wafian's HR-1 and other product lines?

Product Broadcast Post Production Education Govt.
 Animation Other _____

Name

Title

Company

Signature

Date
