



TonerDropship.com RESELLER APPLICATION

Business Information			
1. <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Importer/Exporter <input type="checkbox"/> Manufacturer			
2. Full Name and Title:			
3. Company Name:			
4. Address (Street, City, State, Zip, Country):			
5. Phone:	Fax:	Email:	Website:
6. Months/ Years in Business:			
7. State Seller's Permit (For CA only) :			
8. Federal Tax ID Number:			
Requests			
9. Please mark the checkboxes that interests you: <input type="checkbox"/> Remanufactured <input type="checkbox"/> Compatibles <input type="checkbox"/> OEM			
10. What brands/models are you specializing in?			
Trade References			
11. A. Company Name:	Contact Person:	Telephone number:	Month/Years in business:
12. B. Company Name:	Contact Person:	Telephone number:	Month/Years in business:
13. C. Company Name:	Contact Person:	Telephone number:	Month/Years in business:
14. Special Requests/ Notes:			

NOT A BINDING CONTRACT. A COPY OF YOUR VALID I.D AND RESALE CERTIFICATE WILL BE REQUIRED FOR NEW ACCOUNTS AND PRICING. NO EXCEPTIONS. THANK YOU FOR YOUR INTEREST.