|  |  |
| --- | --- |
| **Applicant’s Business Information** |  |
| **\***Company Name:       | Contact:       |
| **\***Primary Address :       |
| **\***City:       | State:       | **\***Zip:       |
| **\***Primary Phone:       | **\***Other Phone:       |
| **\***Fax:       | **\***Email:       |
| **\***Type of Entity:       | **\***Year Established:       |
| **\***Gross Sales:       | **\*** Number of Employees:        | Number of Locations:       |
| **Contact Information** |  |
| Department | Name | Phone | Email |
| Accounts Payable |       |       |       |
| Sales |       |       |       |
| Administration |       |       |       |
| **Capabilities** |  |
| Phone Systems  | Install: [ ]   | Support: [ ]  | Sell: [ ]   |
| LAN/WAN | Install: [ ]   | Support: [ ]  | Sell: [ ]   |
| Networking Gear: | Install: [ ]   | Support: [ ]  | Sell: [ ]   |
| Primary Phone System Brands Supported:       |
| Primary Networking Products Brands Supported:       |
| **The Agreement** |  |
| I have read the IPitomy Dealer Agreement and hereby agree to abide by the terms and conditions of the agreement. I understand that IPitomy Communications, LLC. may modify its dealer program and support policies from time to time and/or cancel membership in it’s reseller programs at any time. I understand it is a requirement to purchase a DEMO SYSTEM to become a dealer. I am empowered to enter into this agreement on behalf of my organization. |
| **IPitomy** | **Dealer**  |
| Name:       | Name:       |
| Title:       | Title:       |
| Sign:       | Sign:       |
| Date:       | Date:       |

This form is designed to be completed then printed. Once printed, please sign the form and fax, email or mail it to:

|  |  |
| --- | --- |
| IPitomy Communications, LLC2031 Global Ct.Sarasota, FL 34240 | Email: sales@ipitomy.comFax: (941)306-2220Phone: (941)306-2200 |