



1051 West Columbia Way #201  
Lancaster, CA 93534

[www.officetoolspro.com](http://www.officetoolspro.com)

661.951.9200 Support  
888.667.8440 Sales  
661.951.3875 Fax

# Reseller Application

## Authorized Reseller Application:

Thank you for your interest in becoming an Office Tools Pro Authorized Reseller! By completing the following application forms, you will begin the process of becoming a member of the Office Tools Pro Reseller community.

**Please TYPE or PRINT clearly the following information for Office Tools Pro review. All information is strictly confidential.**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 1. Company Information:

Company Name: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site URL: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Reseller ID#: \_\_\_\_\_

Please attach a copy of Reseller Tax Exempt Certificate.

Corporation  Partnership  Subsidiary or Branch-office  Sole Proprietorship Year Established: \_\_\_\_\_

### Mailing and Billing Address:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### Shipping Address

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Is this the primary location?  Yes  No Are there branch locations?  Yes  No How many: \_\_\_\_\_  
(Please provide list of locations on an attached document.)



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## 2. Business Profile

**What is your approximate annual sales revenue?**

- \$100k & under    \$100K - \$200K    \$200K - \$500K    \$500K - \$1M    \$1M+

**What percentage of total revenues is contributed by the following items?**

Hardware sales: \_\_\_\_\_%   Software sales: \_\_\_\_\_%   Service: \_\_\_\_\_%   Network installation/support: \_\_\_\_\_%

Help desk/online support: \_\_\_\_\_%   Software Development: \_\_\_\_\_%   Consulting: \_\_\_\_\_%   Training: \_\_\_\_\_%

**Please describe your primary business?**

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**What services do you provide?**

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**What is your primary target customer?**

- Small Business (1-20 users)    Medium Business (20-50 users)    Enterprise Business (50 + users)

**What markets are your primary focuses?**

- Accounting/Tax    Architectural    Distribution    Education    Engineering    Health/Medical  
 IS Consultant    Legal    Other: \_\_\_\_\_

**What is your primary geographical coverage?**

- Local    Regional    National    International (List Counties): \_\_\_\_\_

**How many sales representatives does your company have?**

- 1    2 - 5    5 - 9    10 +

**What software are you currently reselling?** (Please list most relevant software comparing to Office Tools Pro)

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**Which trade journals do you read to learn about new technology and industry news?** (Check/List all that apply)

- CPA Technology Advisor    Accounting Technology    CPA Magazine    Practical Accountant  
 Law Technology News    Accounting Today    The CPA Journal  
 Other: \_\_\_\_\_

**Which trade shows do you attend to learn about new software and technology?**

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### 3. Reseller Program Application Fee

Annual Authorized Reseller Program Fee: \$200.00 US Dollars

**Fee waived for the first year.** All registered resellers receive a free sole proprietor license with all features enabled (\$300 value).

### 4. Authorized Signature

By signing below, the applicant warrants that they have the authority to submit this information for the purpose of entering into an agreement for the submitting organization and that the information provided in this application to Office Tools Pro is accurate and true. If the information is determined to be inaccurate, the applicant acknowledges and agrees that Office Tools Pro, at any time and at its sole discretion, may terminate the applicant as an approved Office Tools Pro Reseller. Furthermore applicant agrees to keep their profile information updated if it changes or as requested from time to time by Office Tools Pro.

I would like to become an Authorized Trainer of Office Tools Pro (Requires 1-2 hr. online training session).

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

### 5. Application Submission

#### Application Check List:

- Completed Reseller Application (this document)
- Copy of Reseller Tax Exempt Certificate

**Fax completed application paperwork to 661.951.3875 or mail to:**

Office Tools Pro  
Attn: Reseller Application  
1051 West Columbia Way # 201  
Lancaster, CA 93534

**For Office Tools Pro internal use:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Assigned Account number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Other/Notes: \_\_\_\_\_  
\_\_\_\_\_