



1051 West Columbia Way, Suite 201 | Lancaster, CA 93534
Phone: 888-667-8440 | Fax: 661-951-3875
www.officetoolspro.com | info@officetoolspro.com

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: _____

Email Address: _____ Website 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: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Country: _____

Shipping Address:

Address 1: _____

Address 2: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Country: _____

Is this the primary location? Yes No Are there branch locations? Yes No If so, how many: _____
(Please provide a list of locations on an attached document.)



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2. Business Profile

What is your approximate 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:

What services do you provide:

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 Consulting Legal Other: _____

What is your primary geographical coverage?

- Local regional National International (List Countries): _____

How many sales representatives does your company have?

- 1 2-5 5-9 10+

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

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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Reseller Application

3. Reseller Program Application Fee

Annual Authorized Reseller Program Fee: \$200.00 US Dollars **Fee waived for the first year.** (Requires 1-2 hr. online training session and requires attendance once every 2 years to our annual users conference).

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 Professional (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 to 661-951-3875 or mail to:

Office Tools Professional

Attn: Reseller Application

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For Office Use Only

Approved By: _____ Date: _____ Assigned Account Number: _____

Renewal Date: _____

Other/Notes: _____