

## Black Box Reseller Application

Legal Name: _____ Corp. Address: _____ Phone #: _____ Web Address: _____ Billing Address: _____ Federal ID Number: _____	DBA: _____ DUNS Number: _____ Corporate Contact: _____ Contact Phone No.: _____ Contact Email: _____ Fax Number: _____ Mktg. Contact: _____ Mktg. Contact Phone: _____				
How did you hear about the BBox Reseller Program? _____					
Type of company: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other					
Type of Business: <input type="checkbox"/> VAR <input type="checkbox"/> Contract Supplier <input type="checkbox"/> Integrator <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> SBA <input type="checkbox"/> Other					
Years in Business: _____	No. of Locations: _____	No. of Employees: _____			
Please check each type of product that your company uses/sells to customers:					
<input type="checkbox"/> Cables & Infrastructure <input type="checkbox"/> Testers & Tools <input type="checkbox"/> Cabinets, Racks, Furniture <input type="checkbox"/> Power & Surge Protection	<input type="checkbox"/> Peripheral Switches & Sharers <input type="checkbox"/> KVM Switches <input type="checkbox"/> Multipmedia and Presentation <input type="checkbox"/> Voice Services	<input type="checkbox"/> Converters <input type="checkbox"/> Data Communications <input type="checkbox"/> Wireless <input type="checkbox"/> Servers & Storage	<input type="checkbox"/> Networking <input type="checkbox"/> USB <input type="checkbox"/> Security <input type="checkbox"/> PCs		
Which best describes your customers?			<input type="checkbox"/> Large Enterprise <input type="checkbox"/> Contractor	<input type="checkbox"/> OEM <input type="checkbox"/> Government	<input type="checkbox"/> Small Business <input type="checkbox"/> Other
What other product lines or manufacturers does your company represent? _____					
Please check each vertical market your company serves:					
<input type="checkbox"/> Government <input type="checkbox"/> Retail Stores <input type="checkbox"/> Education	<input type="checkbox"/> Healthcare <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance/Banking	<input type="checkbox"/> Small Business <input type="checkbox"/> Transportation <input type="checkbox"/> Other	<input type="checkbox"/> Fortune 500 <input type="checkbox"/> Utilities		
Annual Sales:					
Current Year Projection:		Most Recent Year Actual:		% Business in Voice/Data:	
\$ _____		\$ _____		\$ _____	
FOR BLACK BOX USE ONLY					
Account #: _____		Previous Balance: _____		Create Date: _____	
Requested Level: _____		Account Manager (E): _____		Approved: _____	

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Are you part of a larger firm or buying group?  Yes  No (if yes, which one) \_\_\_\_\_

Business that is International? \_\_\_\_\_% In what countries? \_\_\_\_\_  
*Please note that Black Box is not the Exporter of Record.*

No. of engineers on staff? \_\_\_\_\_ No. of sales people on staff? \_\_\_\_\_

**Black Box Payment Options (check preference below):**

- Credit Terms (upon approval of credit application)  
 C.O.D.  
 Prepayment  
 Credit Card (s)     Visa     Master Card     American Express     Discover    **Exp:** \_\_\_\_\_

Card #: \_\_\_\_\_ Card Name: \_\_\_\_\_

*We value our Reseller's opinion and ask you to tell us what we can do to be your vendor of choice.*

➔ Are there any products that you would like to see Black Box cover during a reseller training session?

➔ Are you interested in the following sales/marketing programs to promote BlackBox to your customers?

- |  |  |
|--|--|
| <input type="checkbox"/> Black Box Logo/Product Graphics | <input type="checkbox"/> Deal Registration Program               |
| <input type="checkbox"/> Meet/Beat Pricing Program       | <input type="checkbox"/> Catalogs, Product Brochures/Spec Sheets |
| <input type="checkbox"/> Sales Promotions                | <input type="checkbox"/> Online Catalog Support                  |

**NOTE: (Please return the following:)**

- |  |   |
|--|---|
| <input type="checkbox"/> This Reseller Application | <input type="checkbox"/> Vendors License; Reseller Certificate or Seller's Permit |
| <input type="checkbox"/> Tax Exemption Certificate | <input type="checkbox"/> Signed Reseller Agreement                                |

**Please Email This Information to your Account Manager or Fax to: (800) 321-0746**

If you have questions completing this form, please call your Account Manager or Customer Service at (800) 231-3222.

**Black Box offers over 20,000 total solutions supported by 24-hour free technical support and customer service backed by the best equipment protection offered in the industry.**

***Thank you for choosing to Partner with Black Box. We look forward to working with you to grow your business!***