

Optimum Reseller Application



I. Company Information

_____		_____	
Company		DBA	
_____		_____	_____
Address	City	State / Prov.	Zip / Postal Code
_____		_____	_____
Main Phone	Toll-free	Fax	

Internet Web Site			

_____	_____	_____	
Primary Contact	Title	E-mail address	
_____	_____	_____	
Sales / Marketing Contact	Title	E-mail address	
_____	_____	_____	
_____	_____	_____	
Technical Contact	Title	E-mail address	

II. Business & Marketing Profile

Please attach to this application any marketing materials and/or advertisements which would be helpful for us to understand your business focus.

Year Established _____ Number of locations _____ Approximate gross annual sales \$ _____

Which of the following best describes your business?

Retail Direct Sales System Integrator Mail Order Consultant Other _____

Which of the following would you include in your major customer base?

Fortune 500 Companies Large Companies Mid-size Companies Small Companies Individuals

Educational Institutions Government Other _____

What form of payment options do you offer your customers?

Visa MasterCard American Express Discover Leasing Government POs Business POs

C.O.D. Cash/Check Other _____

In which ways do you advertise your products?

Storefront Trade Shows Direct Mail Internet Mail Order Catalog Telemarketing

Seminars Magazines Newspapers Referrals Other _____

III. Product Line Information

Have you sold Multi-Tech products before? Yes No If so, which product families

Modems Rackmount Modems Routers CSU/DSU Frame Relay Remote Access

Which of the following would you include as major product focus?

Computers Networking Data Communication Software Service Other _____

Please list your top five hardware vendors and approximate monthly purchases.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

IV. Reseller's Tax Exemption Verification

I, the purchaser listed above, hereby claim exemption from the payment of state sales or use taxes on the purchase of tangible personal property consisting of data communication hardware and accessories from Multi-Tech for the purpose of resale. I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate.

_____ Federal ID # / Social Security #

_____ Certificate of Registration Number (if any)

_____ Date of Registration

_____ Expiration Date (if any)

Type of Business: Sole Proprietorship Partnership Corporation

VI. Application Approval

The statements provided in this application and in the attached documents are true and complete to the best of my knowledge. I also understand the following: (1) information submitted in this application will be treated discreetly by Multi-Tech; (2) inaccurate and/or false information may be grounds for Multi-Tech to terminate any future business arrangements; (3) if I am accepted as a Multi-Tech Optimum Select Reseller, I am expected at all times while participating in the program to maintain at least the equipment purchased in the Optimum Select kit for demonstration purposes.

_____ Name

_____ Signature

_____ Title

_____ Date

Please mail your completed application and attachments to:

Multi-Tech Systems, Attention Reseller Coordinator, 2205 Woodale Drive, Mounds View, MN 55112.

Distributed by:



Multi-Tech Systems' Use Only

Received Date: _____

Approved By: _____

Optimum Number: _____

Select Order Ship Date: _____

Select Kit Ship Date: _____