

NOEL ASMAR

RESELLER ACCOUNT APPLICATION

COMPANY NAME:		
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:
PRIMARY CONTACT PERSON:		PHONE:
EMAIL:	WEBSITE:	
NATURE OF BUSINESS:		
YEAR ESTABLISHED:	FEDERAL TAX ID# / BUSINESS NUMBER:	

OTHER COMPANY CONTACTS *If different from above*

PRESIDENT / CEO:	
PHONE:	EMAIL:
PURCHASING MANAGER:	
PHONE:	EMAIL:

BUSINESS CATEGORY *Check all that apply*

<input type="checkbox"/> RESELLER	<input type="checkbox"/> RETAIL / STORE FRONT	<input type="checkbox"/> ONLINE SALES	<input type="checkbox"/> WHOLESALER	<input type="checkbox"/> DESIGN / ARCHITECTURE FIRM
<input type="checkbox"/> OTHER / SPECIFY:				

ANNUAL SALES *Choose one*

<input type="checkbox"/> \$500,000 OR LESS	<input type="checkbox"/> \$500,000 +	<input type="checkbox"/> \$1 M+	<input type="checkbox"/> \$3 M+
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MARKET FOCUS *Check all that apply*

<input type="checkbox"/> FASHION	<input type="checkbox"/> HOSPITALITY	<input type="checkbox"/> SPA EQUIPMENT	<input type="checkbox"/> OTHER / SPECIFY
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PRODUCT INTEREST *Check all that apply*

<input type="checkbox"/> FASHION	<input type="checkbox"/> PEDICURE BOWLS	<input type="checkbox"/> CANDLES	<input type="checkbox"/> OTHER / SPECIFY
Which brands do you currently carry?			

ADDITIONAL INFORMATION

Do you sell at trade shows or events? If so, which shows/events? Please provide an image of your booth.
Do you advertise? If so, where and how often?
Do you have a catalogue? Please provide a copy of marketing materials.