



**Authorized Reseller Application**

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

Company Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact/Buyer: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Resale Certificate #

\_\_\_\_\_  
(Email copy to [reseller@clickertraining.com](mailto:reseller@clickertraining.com))

- I agree to the Karen Pryor Clicker Training ("KPCT") Authorized Reseller Policy.
- I understand that from time to time KPCT may update such policy, and I accept those updates as long as KPCT provides notification of substantive updates.
- I understand that state and or local sales taxes if applicable may be charged on my purchases unless I provide to KPCT in advance of my first order a state issued resale certificate number or a valid tax exemption number that would exempt my purchase from my state taxes
- Prices quoted in the Authorized Reseller MAP List are subject to change with 30-days notice.

\_\_\_\_\_  
Signature of Company Officer Date

\_\_\_\_\_  
(Please print name)

Please complete and return to: [reseller@clickertraining.com](mailto:reseller@clickertraining.com)