SADOTECH Inc.

Instructions:

1. Send a copy of sales certificate
2. Send a copy of proof of retail location address
3. Fill in application, scan and submit all documents to b2b@sadotech.com

Wholesale - Reseller Application Form

Date: _____

Business

Business Name:			Phone#. ( )
Billing Address:			Fax#. ( )
City:	Country:	State:	Zip:
Shipping Address (if different from billing):			Shipping Phone#. ( )
City:	Country:	State:	Zip:
Contact Email address:		Web Address:	
Federal Tax ID (SS# Number if Sole Proprietor): _____ - _____		State of Incorporation:	# of Locations:
Business Open Date:	Length of Current Ownership:	Product / Service Sold:	

Ownership

First Name:	Last Name:	Title:	
Social Security Number: _____ -_____ - _____	Date of Birth: / /	Drivers License Number:	
State Issued:	% of Ownership:	Years at current address:	Check if you: ○ Own ○ Rent ○ Lease
Residence Address:	City:	State:	Zip:
Phone#. ( )	Mobile # :( )	Email:	

Trade References

Company:	Contact Name:	Phone#. ( )
Company:	Contact Name:	Phone#. ( )

Bank Reference

Bank Name:	Branch Address:	Contact Name:
Phone#. ( )	ABA Routing #:	Account #:

Others

Check which channells do you plan to sell in: ☐ Online (e.g Amazon.com) ☐ Retail Store ☐ Others:_____

The information contained in this reseller application is provided to us for the purpose of obtaining or maintaining an account with us for you. You understand that we are relying on this information in deciding to grant an account to you. You represent and warrant that the information provided is true and complete. You agree that we, our assigns, agents, or banks, are authorized to make all inquires necessary to verify the accuracy of these statements and to determine your credit worthiness.

X_____ _____ _____
Signature Title Print Name