



# Proman Products, LLC – Reseller Application

450 W Katella Ave, Orange CA 92867

Tel.: 714-288-2005 Fax: 714-288-2712

## CLIENT INFORMATION

Seller/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Years in business: \_\_\_\_\_ FEIN# \_\_\_\_\_ Resale #: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Website URL: \_\_\_\_\_

Annual revenue:  Up to 100k  100K-500k  500K - 1M  1M – 3M  3M+

**\*\* PLEASE ATTACH COPY OF YOUR RESALE CERTIFICATE \*\*.**

## REFERENCES

### Trade Reference

**1** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

**2** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

### Bank Reference ( For terms clients only )

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account # \_\_\_\_\_ Phone #: \_\_\_\_\_

## FREIGHT AND PAYMENT

Freight:  Use Proman's UPS/FedEx Account and bill to Client

Use Client's Account, UPS# \_\_\_\_\_; FedEx# \_\_\_\_\_

Payment:  Terms ( upon approval )

Credit Card:  Visa  MasterCard ( please provide card info when placing order )

I hereby authorize and certify that the above information is valid. If any items purchased from Proman Products LLC are to be resold by me, it is understood that I am required by the Sales & Use Tax Law to report and pay for the tax, measured by the purchase price of such property

To be filled by Proman

Approved \_\_\_/\_\_\_/\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date