



Reseller Application

Legal Name: _____	DBA: _____
Corp. Address: _____	DUNS Number: _____
_____	Corporate Contact: _____
Phone #: _____	Contact Phone No.: _____
Web Address: _____	Contact Email: _____
Billing Address: _____	Fax Number: _____
_____	Mktg. Contact _____
Federal ID Number: _____	Mktg. Contact Phone: _____

How did you hear about the Black Box Reseller Program? _____

Type of company: (please circle one)
 Corporation Sole Proprietorship Partnership Other

Type of Business: VAR Contract Supplier Integrator
 Distributor Retailer SBA Other

Years in Business: _____ No. of Locations: _____ No. of Employees: _____

Please check each type of product that your company uses/sells to customers:

<input type="checkbox"/> Cables & Infrastructure	<input type="checkbox"/> Peripheral Switches & Sharers	<input type="checkbox"/> Converters	<input type="checkbox"/> Networking
<input type="checkbox"/> Testers & Tools	<input type="checkbox"/> KVM Switches	<input type="checkbox"/> Data Communications	<input type="checkbox"/> USB
<input type="checkbox"/> Cabinets, Racks, Furniture	<input type="checkbox"/> Multimedia and Presentation	<input type="checkbox"/> Wireless	<input type="checkbox"/> Security
<input type="checkbox"/> Power & Surge Protection	<input type="checkbox"/> Voice Services	<input type="checkbox"/> Servers & Storage	<input type="checkbox"/> PCs

Which best describes your customers? Large Enterprise OEM Small Business
 Contractor Government Other

What other product lines or manufacturers does your company represent? _____

Please check each vertical market your company serves:

<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Small Business	<input type="checkbox"/> Fortune 500
<input type="checkbox"/> Retail Stores	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities
<input type="checkbox"/> Education	<input type="checkbox"/> Finance/Banking	<input type="checkbox"/> Other _____	

Annual Sales: _____

<u>Current Year Projection:</u>	<u>Most Recent Year Actual:</u>	<u>% Business in Voice/Data:</u>
\$ _____	\$ _____	\$ _____

FOR BLACK BOX USE ONLY

Account #: _____	Previous Balance: _____	Create Date: _____
Requested Level: _____	Account Manager (E): _____	Approved: _____

Are you part of a larger firm or buying group? _____ (if yes, which one) _____

Business that is international? _____% In what countries? _____
Please note that Black Box is not the Exporter of Record.

No. of engineers on staff? _____ No. of sales people on staff? _____

Black Box Payment Options (check preference below):

- Credit Terms (upon approval of credit application)
- C.O.D.
- Prepayment
- Credit Card (s)

We value our Reseller's opinion and ask you to tell us what we can do to be your vendor of choice.

➔ Are there any products that you would like to see Black Box cover during a reseller training session?

➔ Are you interested in the following sales/marketing programs to promote Black Box to your customers?

- Black Box Logo/Product Graphics
- Meet/Beat Pricing Program
- Sales Promotions
- Deal Registration Program
- Catalogs, Product Brochures/Spec Sheets
- Online Catalog Support

NOTE: Please return the following:

- This Reseller Application
- Tax Exemption Certificate
- Vendors License, Sellers Permit or Resale Certificate
- Signed Reseller Agreement

Please e-mail this information to your Account Manager or fax to: (800) 321-0746

If you have questions completing this form, please call your Account Manager or Customer Service at (800) 231-3222.

Black Box offers over 20,000 total solutions supported by 24-hour FREE technical support and customer service backed by the best equipment protection offered in the industry.

Thank you for choosing to partner with Black Box. We look forward to working with you to grow your business!