



Allied 100 Reseller Program

New Reseller Application

SECTION A: APPLICANT INFORMATION:

Company Name

Contact Name(s) and Title(s)

Address

City

State

Zip

Phone

Fax

Phone (Other)

E-mail

Website

Federal Tax ID # (or Social Security #) and Resale Certificate Number (Please Include a Copy with Application). Applicable Sales Tax Will be Charged Without a Valid and Current Resale Certificate.

SECTION B: ADDITIONAL QUESTIONS:

How did you learn about Allied 100's Reseller Program?	
Are you currently in business? If yes, how long?	
What is the nature of your business?	
How many employees do you have?	
Do you currently sell AEDs? If Yes, which brands and what volume? If no, why are you interested in selling AEDs now? Include details.	
Which AED brands are you interested in selling?	
How do you/will you sell AED products? Online, in-store, gov bids, catalog, etc.	
What is your anticipated number of AEDs sold per year? Be specific.	
What are your target markets? How will you market/advertise AEDs to them?	