RESELLER APPLICATION

NOTE: If you have the full version of Acrobat, you can download this form, complete it, save it, and email it to us directly.
If you have Acrobat Reader only, you can complete the form online, but then must print it, and mail it to us.

NAME _____

TITLE _____

COMPANY _____

PARENT COMPANY (IF ANY) _____

ADDRESS1 _____

ADDRESS2 _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

PHONE _____ FAX _____

PRIMARY E-MAIL _____

WEB SITE _____

EIN number: _____

DUNS number: _____

VAT number (Europe only): _____

# of Employees: _____ Years in business: _____

Where is/are your sales location(s)?

How do you make sales? (select all that apply)

- ☐ Store-front
- ☐ On-line via Web site
- ☐ Visits to customer sites
- ☐ Mail-order Catalog
- ☐ Other: _____

If you are a distributor, please indicate the number of resellers currently buying from you and the cities in which they are located:

List the five primary products or services that are currently your core business:

1. _____
2. _____
3. _____
4. _____
5. _____

Please describe/list your specialist/niche markets:
(e.g.: A/E/C, GIS, Mechanical, etc.)

How did you hear about Trix Systems?

Please attach your promotional materials and company descriptive materials. Add additional pages of narrative in answer to the above questions if you so wish.

This form completed by: _____

Date: _____

Return form via e-mail to paul.sorensen@trixsystems.com, **or fax to** +1 (978) 256-9593.
Or mail completed form to: Trix Systems, Inc., 68 Smith Street, Chelmsford, MA 01824-1711, USA.