



# ADAPTIVE

TECHNOLOGIES GROUP

## RESELLER APPLICATION

Email to: [sales@adaptivetechologiesgroup.com](mailto:sales@adaptivetechologiesgroup.com)

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Tel: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Years in Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Ship COD? Yes/No: \_\_\_\_\_

TYPE OF BUSINESS:  Dealer  Distributor  Installer  Other

Purchaser Contact: \_\_\_\_\_

Corporation

Sales Contact: \_\_\_\_\_

Partnership

Logistics Contact: \_\_\_\_\_

Proprietorship

Accounting Contact: \_\_\_\_\_

Other (Specify)