

Reseller Partner Application

Thank you for your interest in joining the Wright Line team.
Please complete and fax this application form to (508) 365-6199.

Contact Information

Business Name: _____

Principal's Name: _____

Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Wright Line Contact

Who is your Wright Line Sales Representative? _____

Company Information

Please, briefly describe your business. _____

To which of the following markets do you plan on reselling Wright Line products? *(check all that apply)*

Commercial Federal Government State and Local Government

If you are currently selling to the Federal Government, do you have a GSA contract? Yes No

Do you have a Tax Exempt Certificate? Yes No *If yes, please attach your Certificate to this application.*

What Wright Line products lines are you interested in reselling? *(check all that apply)*

Enclosures/Racks

PDUs

Other Data Center Accessories

Console Systems Furniture

General Office Furniture

Lab Furniture

Media/Filing Cabinets

How many sales offices do you have? _____

What are your primary geographic markets? _____

How long has your company been in business? _____

Who is the primary business contact for our partnership?

name: _____ title: _____

email: _____ phone: _____

What other console, racks/enclosures and office furniture manufacturers do you currently represent?

Credit Information

What was your revenue for the last 12 months? _____

What is your D&B number? _____

What is your Federal Tax ID number? _____

Vendor References *(please provide a minimum of three)*

Vendor Name: _____ Vendor Name: _____

Vendor Contact: _____ Vendor Contact: _____

Vendor Phone: _____ Vendor Phone: _____

Vendor Fax: _____ Vendor Fax: _____

Account Number: _____ Account Number: _____

Vendor Name: _____ Vendor Name: _____

Vendor Contact: _____ Vendor Contact: _____

Vendor Phone: _____ Vendor Phone: _____

Vendor Fax: _____ Vendor Fax: _____

Account Number: _____ Account Number: _____

Bank Information and Approval to Contact

Bank Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Bank Phone: _____

Bank Fax: _____

Bank Contact: _____

Account Number: _____

To Bank Personnel: For the purpose of establishing an open account with Wright Line LLC, I hereby authorize you to release information on my account.

Signature: _____ Date: _____

Print Name: _____

Company Name: _____ Phone: _____

Again, thank you for your interest in being a Wright Line Reseller Partner. Please fax this application to 508.365.6199 or give it to your Wright Line representative for processing.