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| **Applicant’s Business Information** |
| Company Name: |       | Contact: |       |
| Primary Address: |       |
| City: |       | St:       | ZIP:       |
| Primary Phone: |        | Other Phone: |       |
| Fax: |       | Email: |       |
| Type of entity: |        | Year Established: |       |
| Gross Sales: |       | Number of Employees: |       | Number of locations: |       |
| **Contact** **Information** |
| Department | Name | Phone | Email |
| Accounts Payable |       |       |       |
| Sales |       |       |       |
| Administration |       |       |       |
| Capabilities |
| Phone Systems | Install [ ]  | Support [ ]  | Sell [ ]  |
| LAN/WAN | Install [ ]  | Support [ ]  | Sell [ ]  |
| Network Gear | Install [ ]  | Support [ ]  | Sell [ ]  |
| Primary brand of phone systems supported: |  |
| Primary networking products supported: |  |
| Certifications: |  |
| The Agreement |
| I have read the IPitomy Dealer Agreement and hereby agree to abide by the terms and conditions of the agreement. I understand that IPitomy Communications, LLC may modify its dealer program and support policies from time to time and/or cancel memberships in it’s reseller programs at any time. I understand it is a requirement to purchase a demo system to become a dealer. I am empowered to enter into this agreement on behalf of my organization. |
| IPitomy | Dealer |
| Name: |       | Name: |       |
| Title: |       | Title: |       |
| Sign: |  | Sign: |  |
| Date: | Click or tap to enter a date. | Date: | Click or tap to enter a date. |
| IPitomy Communications, LLC2031Global Ct. Sarasota, FL 34240 | Email completed form to: sales@ipitomy,comOr FAX to: 941-306-2220 Office: 941-306-2200 |