



MOONBLINK®

Value Added Reseller Application for Moonblink Incorporated

Legal Business Name _____

Trade Name – DBA _____

Primary Contact: _____ Primary Contact Email: _____

Phone # _____ Fax # _____

Billing Address _____ City, State, Zip _____

Shipping Address _____ City, State, Zip _____

Business is a: Corporation LLC Partnership Proprietorship Year Started _____ State of Org. _____

Federal I.D. # _____ Dun & Bradstreet # _____ Website Address _____

Main Business Focus: Corporate Distributor E-Commerce Government/Education

Manufacturer/OEM Retail Computer Store VAR/System Consultant Wholesaler Other _____

Are you a: Subsidiary Division

Parent Company Name _____

Address _____

City _____ State _____ Zip Code _____

Do you require a purchase order # before we accept an order? Yes No

A/P Contact Name and Phone # _____

E-mail Address _____

Estimated Monthly Purchases \$ _____

Number of Employees: _____ Number of RF Engineers: _____ Number of Network Engineers: _____

What Vertical Markets does your company serve: _____

What Territory of Region does your company services: _____

What other wireless products does your company represent/deploy?

Moonblink Communications