



## NEW RESELLER QUESTIONNAIRE FORM

### COMPANY INFORMATION

Date:								
Company name:								
Phone:				Email:				
Company address:								
City:			State:			ZIP code:		
Number of locations:				Number of employees:				
Estimated annual mount spend:				Requested credit line:				
<i>Business type (tick all that apply)</i>	Distributor	<input type="checkbox"/>	Reseller	<input type="checkbox"/>	Retailer	<input type="checkbox"/>	E-tailer	<input type="checkbox"/>
	Systems Integrator	<input type="checkbox"/>	Installer	<input type="checkbox"/>	Rental/Staging	<input type="checkbox"/>		<input type="checkbox"/>
	Other:							

### CONTACT INFORMATION

Contact name:
Job title:
Email:
Telephone:
Contact name:
Job title:
Email:
Telephone:
Contact name:
Job title:
Email:
Telephone:

### BELOW TO BE COMPLETED BY B-TECH AV MOUNTS

Approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Reason (if no):					
Program level:					

### APPROVED BY

Name:	
Job title:	
Date:	