



VERATEX

Reseller Application

Send this form to fax 1-818-994-6575

Company Information

First name	
Last Name	
Company name	
Address	
City, State and Zip	
Country	
Phone 1	
Phone 2	
Fax	
Email	
Website	
Business License	
Federal Tax ID	
Reseller Number	

Billing Information

Name on Card	
Credit Card Number	
Expiration Date	
Signature Code	
Address	
City, State and Zip	
Country	

Account Information

Username	
Password	

Terms and Conditions

I have read and agree to the Terms of Service and the Reseller Agreement, that can be found at:
<http://www.veratex.com/reseller/application/>

Signature	
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