

Reseller Application

Thank you for your interest in Spectrum and our products. Please complete this application so we might better understand our partnership potential.

Company Information

Company Name:	Years In Business		
Address:	Company Type	YES	NO
 	Reseller/Dealer		
 	System Integrator		
City:	Web/eCommerce		
 	Retail Store		
State/Province/Postal Code:	Distributor		
 	Other (list below)		
Website:	Company Capabilities	YES	NO
 	Service Capabilities		
Phone:	Installation Capabilities		
 	Warehouse Capabilities		
Fax:	Showroom Capabilities		
 	Customer Training Capabilities		
States Served (list below):	Logistics Capabilities		
 	Other (list below)		
Additional Company Locations (offices, plants):	Markets Served	%	
 	Education (K-12)		
 	Education (College/University)		
 	Government		
 	Corporate		
 	Health Care		
 	Web/eCommerce		
Describe your company's core business:	SPECTRUM Product Interest		
 	Instructor Workstations/Lecterns		
 	Device Charging and Storing		
 	Desks/Tables/Chairs		
 	Estimated Annual Sales Opportunities		

Key Personnel Information

Primary Contact Name:	Phone (office):
 	Email Address:
CEO/President/Director/Owner Name:	Phone (office):
 	Email Address:
Vice President of Sales / Sales Manager Name:	Phone (office):
 	Email Address:

Other Comments, Suggestions or Immediate Project Description



Please return to:
Spectrum Industries, Inc.
Attn: Inside Sales Manager
Email: info@spectrumfurniture.com
Fax: 1-800-335-0473

We, the undersigned, certify that the information provided here is true and correct. We understand that this information will be used by Spectrum Industries in establishing a reseller relationship. The undersigned agrees to Spectrum Industries, Inc.'s standard terms and conditions and that the payment terms for purchases shall be cash with order. [Purchasing Terms & Warranty](#)

Signed:		Date:	
Name:			
Title:			