



RESELLER APPLICATION FORM

Thank you for your interest in becoming an authorized reseller for Globus New Media LLC dba: GoboSource. All prospective resellers wishing to obtain resale discount from us must meet certain criteria. Please fill out this application with all required information and email to sales@GoboSource.com

Upon receipt, your application will be reviewed, and if approved, we will send you a reseller agreement.

COMPANY DETAILS

Date: _____

Contact Name: _____

Contact Title: _____

Email Address: _____

Primary Phone: _____

Billing Address: _____

Shipping Address: _____

Tax ID#: _____

WEB Address: _____

Please note: This application does not guarantee Reseller Pricing or acceptance in to Reseller Program.

COMPANY INFORMATION

What are the primary products/services your company offers?

What training does your company offer?

Have you ever had a direct relationship with a gobo/gobo projector manufacturer/reseller?

Yes ___ No ___

If so, please provide details:

SALES & MARKETING INFORMATION

Which markets does your company sell into? (check all that apply)

Academic/Educational Architectural/Building Design

Manufacturing/Industrial

Entertainment/DJ

Casinos

Churches

Other _____

How does your typical customer learn about your company?

What is the current marketing strategy for your company?

How do you plan to market Gobos and Gobo Projectors?

What is your **expected volume** of GoboSource products to resold?

Company Logo

(please send logo by email to Sales@GoboSource.com after approval)

W9

(please provide W9 to Accounting@GoboSource.com after approval)

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