

Your Company (If multiple locations, list headquarter information here and list branch information on location page.)

Reseller Legal Name

DBA Name

Street Address

Suite

City

State

Zip

Primary Contact

Title

Phone Number

Fax Number

E-mail Address

Contact for Sales Leads (**Required**)

Title

Phone Number

Fax Number

E-mail Address

Federal Tax I.D.# (W-9 form)

Which markets do you sell into? (check all that apply)

☐ Photography

☐ Signage

☐ Corporate Graphics

☐ Graphic Design

☐ Fine Art

☐ Textile / Fabric Printing

☐ Flat Bed

Other _____

I'm authorized to sell the following Digital Printing Systems: (check all that apply)

☐ Agfa

☐ Fuji

☐ Mimaki

☐ Durst

☐ EFI / VUTEk

☐ Canon

☐ Hewlett Packard

☐ Mutoh

☐ Roland

☐ Xerox

☐ DuPont

☐ Okidata

☐ Other: _____

Your Company (Continued...)

What services do you provide to your customers? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hardware & Software | <input type="checkbox"/> Service & Support | <input type="checkbox"/> Supplies Sales |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> On-site Installation | <input type="checkbox"/> Product Training |

How do you sell and market your products or services? (check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Use Customer Database | <input type="checkbox"/> Print Advertising | <input type="checkbox"/> Catalog | <input type="checkbox"/> Internal Telesales |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Seminars | <input type="checkbox"/> Trade Shows & Events | <input type="checkbox"/> Field Sales Visits |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Showroom & Demos | <input type="checkbox"/> Social Media (ie. You Tube Channel) | <input type="checkbox"/> On-line Forums |

What Application Software or RIP brands do you sell and support? (check all that apply)

- | | | | | |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> CGS | <input type="checkbox"/> Caldera | <input type="checkbox"/> ONYX | <input type="checkbox"/> SAI | <input type="checkbox"/> Wasatch |
| <input type="checkbox"/> Flexi | <input type="checkbox"/> EFI | <input type="checkbox"/> GMG | <input type="checkbox"/> Other: _____ | |

Tell us about your sales representatives and sales revenue?

Number of sales representatives in your company? _____ How many years in business? _____

Inside _____ Field _____ How many locations? _____

How many sales representatives would sell EPSON products? _____ Have you sold EPSON products previously? _____

Inside _____ Field _____ If yes, what products? _____

Total revenue the last 12 months \$ _____

Anticipated quarterly sales for Epson products? (in printer units)

	1st Quarter (Jan/Feb/Mar)	2nd Quarter (Apr/May/June)	3rd Quarter (Jul/Aug/Sep)	4th Quarter (Oct/Nov/Dec)
SureColor S40670				
SureColor S60670				
SureColor S80670				

What is your anticipated ProFocus level? (your best guess)

Epson SureColor S40670 / S60670 / S80670

☐ Premier Level

☐ Premier Plus Level

☐ Premier Elite Level

What distributor(s) do you purchase from? (Specify) _____

AUTHORIZATION BY YOUR COMPANY

Authorized Signature _____ Title _____

Print Name _____ Date _____

By signing and submitting this Reseller Application Form, your company (1) certifies the information is true, and (2) agrees to all the terms and conditions for being an Authorized ProFocus S-Series Reseller.

Please use the attached form(s) to list the geographic regions/cities you intend to actively sell to, and a list of your branch offices that will support these regions/cities (See attached form).

PLEASE RETURN THIS APPLICATION TO EPSON:

EMAIL or **MAIL** this Application Form to:

EMAIL To: profocus@ea.epson.com

MAIL To: Epson America, Inc.
ProFocus, Professional Imaging Sales
3840 Kilroy Airport Way, MS 4-10
Long Beach, CA 90806

INTERNAL EPSON USE ONLY

Application Received Date _____

Reviewed and Approved by _____ Date _____

Sales Rep. Assigned _____

No. Assigned _____

(Please copy this page as needed to list additional locations.)

STORE LOCATIONS

Reseller Legal Name	DBA Name	
Street Address	Suite	
City	State	Zip
Primary Contact	Title	
Phone Number	Fax Number	E-mail Address
Contact for Sales Leads (very important)	Title	
Phone Number	Fax Number	E-mail Address
Federal Tax I.D.# (W-9 form)		
Number of Sales Representatives		
Names of Sales Representatives		

ADDITIONAL STORE LOCATIONS

Reseller Legal Name	DBA Name	
Street Address	Suite	
City	State	Zip
Primary Contact	Title	
Phone Number	Fax Number	E-mail Address
Contact for Sales Leads (very important)	Title	
Phone Number	Fax Number	E-mail Address
Federal Tax I.D.# (W-9 form)		
Number of Sales Representatives		
Names of Sales Representatives		