

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 (very important)

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

☐ Prepress

☐ Corporate

☐ Graphic Design

☐ Signage

☐ Fine Art

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

☐ Agfa

☐ Fuji

☐ Mimaki

☐ X-Rite

☐ Xerox

☐ Hewlett Packard

☐ Mutoh

☐ Canon

☐ DuPont

☐ Kodak

☐ Other: _____

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

☐ EFI

☐ CGS

☐ Wasatch

☐ Ergosoft

☐ Caldera

☐ Onyx

☐ Colorbyte

☐ GMG

☐ Other: _____

Your Company (Continued...)

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

- ☐ Hardware & Software
 ☐ Service & Support
 ☐ Supplies Sales
- ☐ Consulting Services
 ☐ On-site Installation
 ☐ Product Training

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

- ☐ Use Customer Database
 ☐ Print Advertising
 ☐ Catalog
 ☐ Internal Telesales
- ☐ Direct Mail
 ☐ Seminars
 ☐ Trade Shows & Events
 ☐ Field Sales Visits
- ☐ Newsletters
 ☐ Showroom & Demos
 ☐ 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)
17" Printers				
24" Printers				
44" Printers				
64" Printers				

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 P-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			