

**Your Company** (If multiple locations, list headquarter information 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)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fabric (Roll-to-Roll) Printing | <input type="checkbox"/> Apparel Manufacturing        | <input type="checkbox"/> Screen Printing |
| <input type="checkbox"/> Embroidery                     | <input type="checkbox"/> Novelty Promotional Printing | <input type="checkbox"/> Signage         |
| <input type="checkbox"/> Photography / Fine Art         |   |  |

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

- |                                |  |                                      |                                 |  |
|--------------------------------|--|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Epson | <input type="checkbox"/> Mimaki          | <input type="checkbox"/> Mutoh       | <input type="checkbox"/> Roland | <input type="checkbox"/> Seiko Instruments |
| <input type="checkbox"/> Canon | <input type="checkbox"/> Hewlett Packard | <input type="checkbox"/> Other _____ |                                 |  |

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

- |                                  |                                      |                                      |                               |
|----------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Wasatch | <input type="checkbox"/> Caldera     | <input type="checkbox"/> ErgoSoft    | <input type="checkbox"/> Onyx |
| <input type="checkbox"/> EFI     | <input type="checkbox"/> Photo Print | <input type="checkbox"/> Other _____ |                               |

Your Company (Continued...)

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

- ☐ Hardware & Software
 ☐ Service & Support
 ☐ Supplies Sales
- ☐ Color Management Services
 ☐ Consulting Services On-Site
 ☐ Product Training / Installation

**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
 ☐ Social Media (ie. You Tube Channel)
 ☐ On-line Forums

**What type(s) of Heat Transfer Press do you sell? (check all that apply)**

- TYPE: ☐ Flat Bed
 ☐ Rotary (Calendar)
 ☐ Brand(s) \_\_\_\_\_
- SIZE: ☐ 15" x 15"
 ☐ 16" x 20"
 ☐ 20" x 44"
 ☐ Large Format 24" x 120" and larger

**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)
SCF6200PE (44")				
SCF7200PE (64")				
SCF9200PE (64")				

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

**Epson SureColor F-Series Printers**

☐ Premier Level

☐ Premier Plus Level

☐ Premier Elite Level

**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 F-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		