

**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)

☐ CAD / CAE / Construction

☐ Engineering Scientific

☐ Corporate Graphics

☐ Architecture

☐ GIS Mapping

☐ Signage

☐ Other \_\_\_\_\_

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

☐ Agfa

☐ Fuji

☐ Noritsu

☐ Sony

☐ DNP

☐ Canon

☐ Hewlett Packard

☐ Mitsubishi

☐ Kodak

☐ Xerox

☐ DuPont

☐ Okidata

☐ Other: \_\_\_\_\_

**Group Affiliations:** (check all that apply)

☐ ReproMax

☐ RSA

☐ PEiR Group

☐ IRGA

### 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"/> Adobe Suite              | <input type="checkbox"/> Fuji | <input type="checkbox"/> Xitron | <input type="checkbox"/> ESRI         | <input type="checkbox"/> AutoCAD |
| <input type="checkbox"/> Veeterwerks / Solidworks | <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 T3270				
SureColor T5270				
SureColor T5270D				
SureColor T7270				
SureColor T7270D				
Scanner Modules				

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

**Epson SureColor T-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 T-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			