

Legal Name: _____	DBA: _____
Corp. Address: _____ _____	DUNS Number: _____
Phone #: _____	Corporate Contact: _____
Web Address: _____	Contact Phone No.: _____
Billing Address: _____ _____	Contact Email: _____
Federal ID Number: _____	Fax Number: _____
	Mktg. Contact _____
	Mktg. Contact Phone: _____

How did you hear about the Videotel, Inc. Reseller Program? _____

Type of company: (please check one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Type of Business:

<input type="checkbox"/> VAR	<input type="checkbox"/> Contract Supplier	<input type="checkbox"/> Integrator
<input type="checkbox"/> Distributor	<input type="checkbox"/> Retailer	<input type="checkbox"/> SBA
<input type="checkbox"/> Other		

Years in Business: _____ No. of Locations: _____ No. of Employees: _____

Please check each type of product that your company uses/sells to customers:

<input type="checkbox"/> Cables & Infrastructure	<input type="checkbox"/> Peripheral Switches & Sharers	<input type="checkbox"/> Converters	<input type="checkbox"/> Networking
<input type="checkbox"/> Testers & Tools	<input type="checkbox"/> KVM Switches	<input type="checkbox"/> Data Communications	<input type="checkbox"/> USB
<input type="checkbox"/> Cabinets, Racks, Furniture	<input type="checkbox"/> Multimedia and Presentation	<input type="checkbox"/> Wireless	<input type="checkbox"/> Security
<input type="checkbox"/> Power & Surge Protection	<input type="checkbox"/> Voice Services	<input type="checkbox"/> Servers & Storage	<input type="checkbox"/> PCs

Which best describes your customers?

<input type="checkbox"/> Large Enterprise Contractor	<input type="checkbox"/> OEM Government	<input type="checkbox"/> Small Business Other
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What other product lines or manufacturers does your company represent? _____

Please check each vertical market your company serves:

<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Small Business	<input type="checkbox"/> Fortune 500
<input type="checkbox"/> Retail Stores	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities
<input type="checkbox"/> Education	<input type="checkbox"/> Finance/Banking	<input type="checkbox"/> Other	_____

ANNUAL SALES		
Current Year Projection:	Most Recent Year Actual:	% Business in Voice/Data:
\$ _____	\$ _____	\$ _____

FOR Videotel, Inc. USE ONLY

Account #: _____	Previous Balance: _____	Create Date: _____
Requested Level: _____	Account Manager (E): # _____	Approved: _____
	First Name: _____	
Completed _____	Date _____	

Are you part of a larger firm or buying group? Yes No (if yes, which one) _____

Business that is international? _____% In what countries? _____
Please note that Videotel, Inc. is not the Exporter of Record.

No. of Engineers on staff? _____ No. of Sales people on staff? _____

Videotel, Inc. Payment Options (check preference below):
 Credit Terms (upon approval of credit application) Pre-payment
 C.O.D. Credit Card(s)

We value our Reseller's opinion and ask you to tell us what we can do to be your vendor of choice.

➔ Are there any products that you would like to see Videotel Inc. cover during a reseller training session?

➔ Are you interested in the following sales/marketing programs to promote Videotel, Inc. to your customers?
 Videotel, Inc. Logo/Product Graphics Deal Registration Program
 Meet/Beat Pricing Program Catalogs, Product Brochures/Spec Sheets
 Sales Promotions Online Catalog Support

NOTE: Please return the following:

This Reseller Application Vendors License, Sellers Permit or Resale Certificate
 Tax Exemption Certificate Signed Reseller Agreement

Please e-mail this information to your Account Manager or fax to: (619) 670-4415

If you have questions completing this form, please call your Account Manager or Customer Service at (800) 878-4056

Thank you for choosing to partner with Videotel, Inc.. We look forward to working with you to grow your business!