

CheckUsFirst Marketing  
G3189 Kleinpell Road  
Burton, Michigan 48529  
Phone: 877-821-5595 Fax: 810-744-1815  
[www.checkusfirst.com](http://www.checkusfirst.com) Email [sales@checkusfirst.com](mailto:sales@checkusfirst.com)  
Reseller Application/Information Sheet

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tax I.D. # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Web Login Email: \_\_\_\_\_ After hours # \_\_\_\_\_

Password Request: \_\_\_\_\_

an individual     a partnership     a corporation    FAX # \_\_\_\_\_

**Administrative Information:**

Financial/Accounting Contact: \_\_\_\_\_

Banking Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_  
Account # \_\_\_\_\_

Individual(s) authorized to place orders: \_\_\_\_\_

**Quantity Required for Routine Mailings:** \_\_\_\_\_

**Credit References:**

1.	2.
Name: _____	_____
Phone: _____	_____
Contact: _____	_____
3.	4.
Name: _____	_____
Phone: _____	_____
Contact: _____	_____

**Sales Department Information:**

Sales Manager: \_\_\_\_\_ # Sales Reps, full-time \_\_\_\_\_

**Service Department Information:**

Service Manager: \_\_\_\_\_ # Field Technicians: \_\_\_\_\_

**In House Equipment/Resources:**

Email address(es): \_\_\_\_\_ Web Site: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Executing Individual) (Title) (Date)

**Please Fill Out & Fax Back Information to 810-744-1815 Attn. Reseller Sales**