
Reseller Credit Application

Reseller Name _____ *Phone* _____

Billing Address _____ *Fax* _____

Address 2 _____ *Email* _____

City _____ *State* _____ *Zip* _____

Shipping Address (If Different) _____

City _____ *State* _____ *Zip* _____

Type of Business: ___Proprietorship ___Partnership ___Corporation If Corp, what State? ___ Tax ID _____

Trade Credit References (for Resellers wishing terms only)

Bank Name _____ *Phone* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Reference 1 Name _____ *Phone* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Reference 2 Name _____ *Phone* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Optimum Resource, Inc
1 Mathews Drive, Suite 107, Hilton Head Island, SC 29926
Telephone 843 689 8000 Fax 843 689 8008
email sales@optimumres.com