



## RESELLER APPLICATION / AGREEMENT

**NOTICE TO APPLICANT:** Please complete this form completely and legibly with signature of authorized person prior to application approval. Incomplete information will delay reseller approval.

GENERAL COMPANY INFORMATION			
Date:		Fed ID #	
Company Name:			
Registered Company Address:			City, State and Zip Code
Phone:	Fax:	Email:	
COMPANY DETAILS			
Name your Industry:			
What lime related products do you currently use / resell?			
How many years have you been in business?			
How do you plan to resell SynLime™ brand products?	<input type="radio"/> Website <input type="radio"/> Retail Store <input type="radio"/> Sales Reps <input type="radio"/> Other _____		
How did you hear about SynLime™?			
RESELL AGREEMENT			
I certify that I (we) am a dealer in tangible personal property or services that is for resale. Furthermore, I will report and pay sales tax on the proper cost thereof directly to the Tax Commission on my next regular sales and use tax return. Discount levels are determined by quantity of product purchased and can be calculated by referring to SynLime's™ Reseller Price sheet.			
Officer & Title:			State Resale#
Signature:			Date:

**Please attach a valid copy of your state resale certificate to this application for processing. Fax application and paperwork to 480-733-2260.**

INTERNAL USE ONLY				
Approval _____	Level _____	Discount _____	Rep _____	Acct# _____