



## Parallax Authorized Distributor Application

### 1. CONTACT INFO

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. COMPANY INFO

Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

### 3. COMPANY METRICS

Size (Number of Employees): \_\_\_\_\_

Annual Company Revenue (in \$USD): \_\_\_\_\_

Years in business: \_\_\_\_\_

**4. LOCATIONS**

Headquarters Location: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

Location Type:      Internet Only              Store Only              Internet and Store

Describe Locations/Regions Served:

Primary Customers (select all that apply):

Hobbyist              Educational              Commercial/Industrial

**3. PARALLAX PRODUCT PLAN**

Estimated revenue from Parallax products: \_\_\_\_\_

Rate your general product knowledge of Parallax products:

None              Beginner              Intermediate              Expert

List which Parallax product fit into your business plan:

Describe your Sales/Marketing strategy for Parallax products:

**3. COMMENTS (OPTIONAL)**

Additional Comments: