

RESELLER SET-UP FORM



1840 Marietta Blvd NW • Atlanta, GA 30318

800-722-2804 / FAX 404-351-0911

e-mail sales@advlaser.com

Complete and FAX back to Customer Service at 404-351-0911:

1) This page 2) State Reseller Certificate

Company Name _____

Ordering Contact _____

Mailing/Street Address _____

City, State, ZIP _____

Phone (no 800's) _____ FAX _____

Federal Tax ID Number: _____

E-mail Address: _____

How did you discover Advantage Laser Products? _____

Will you require purchase order numbers to be on invoices for payment? _____

Will you be reselling MICR Toner & Check Paper for check printing? _____

Do you want us to use generic labels on shipments so our name does not appear to your customer? _____

Will you request orders be drop-shipped to your customers? _____

Would you like to apply for Net 30 terms? _____

What is your website address? _____

I understand that products purchased from Advantage Laser Products, Inc. are for resale and not for my personal or company use. I further understand that if toner cartridge purchases do not average at least two per month, I may jeopardize my RESELLER status and forfeit wholesale pricing.

Authorized Signature

Printed Name and Date