

U.S. NIPPURA, INC.

Reseller Application Form

3611 TRYCLAN DR.
CHARLOTTE, NC 28217
TEL. 704-561-9191 / FAX 704-561-9196
WWW.USNIPPURA.COM

Complete all fields that apply. Required fields are marked with an asterisk *

Company Information

Company*: _____ In Business Since*: _____
Address (1)*: _____
Address (2)*: _____
City*: _____ State/Province*: _____ Zip/Postal Code*: _____
Country: _____
Phone*: _____
Fax*: _____
Web: _____

Partnership Contacts

Primary Contact *: _____ Title: _____
Phone*: _____
Email*: _____
Sales Contact: _____
Phone: _____
Email: _____
Technical Contact: _____
Phone: _____
Email: _____
Billing Contact *: _____
Address*: _____
City*: _____ State/Province*: _____ Zip/Postal Code*: _____
Phone*: _____
Email*: _____

Sales orders and invoices are sent in PDF form via email unless otherwise instructed. Documents will be sent to the Primary Contact if no Billing Contact is given.

Corporate Information

Please indicate the field that most accurately describes your company*:

Pro AV Home Theater Other

Please provide a brief summary of your company:

Provide Reseller Resale Tax Certificate separately with signature by PDF/Fax/Mail

FED Tax ID# *: _____

Bank Information

Bank Name*: _____

Contact*: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone*: _____ Fax: _____

Officer's Name*: _____

Please Print

Title: _____

Officer's Signature*: _____

Date: _____

Thank You for Registering!