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### Resellers Application

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

County: \_\_\_\_\_

Reseller Tax Exempt #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

*A copy of your Reseller Sales Tax Exempt Certificate must be provided with this application*

IRS EIN: \_\_\_\_\_ or VAT: \_\_\_\_\_

Type of Company:    Corporation    Sole Proprietor    LLC    Other: \_\_\_\_\_

Number of Sales Employees: \_\_\_\_\_ Number of locations: \_\_\_\_\_ Years in business: \_\_\_\_\_

Primary business: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Primary Market: \_\_\_\_\_

The undersigned certifies that all of the information contained herein is true and correct to the best of their knowledge and belief.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: ID: \_\_\_\_\_ Pass: \_\_\_\_\_ Acct: \_\_\_\_\_ ENT: \_\_\_\_\_ LEV: \_\_\_\_\_ NT: \_\_\_\_\_