



4711 Chino Avenue, Chino Ca, 91710
Phone: 909-591-8891 Fax: 909-591-6962
www.VersaTek.com Brentt@versatek.com

Versa Technology Partner Program Application

Contact Information:

(Versa Technology respects privacy and will never distribute our customers information.)

Company:	
Contact Name:	
Fax:	
Phone Number:	
E-Mail:	
Title:	
Street Address:	
City, State, Zip:	
Country:	



Company Profile:

Year Established:	
Estimated Annual Revenue:	
<input type="checkbox"/> Under \$1,000,000	<input type="checkbox"/> \$1,000,000 - \$4,999,999
<input type="checkbox"/> \$5,000,000 - \$19,999,999	<input type="checkbox"/> \$20,000,000 - \$50,000,000
<input type="checkbox"/> Over \$50,000,000	
Percentage of Sales from:	
% Product	% Services
Number of Employees:	
<input type="checkbox"/> 1-9 Employees	<input type="checkbox"/> 10 – 25 Employees
<input type="checkbox"/> 26 – 50 Employees	<input type="checkbox"/> 51 – 99 Employees
<input type="checkbox"/> 100 – 499 Employees	<input type="checkbox"/> 500+ Employees
Major Industries Your Company Services:	
<input type="checkbox"/> POS/RFID	<input type="checkbox"/> Building Security
<input type="checkbox"/> Transportation	<input type="checkbox"/> Industrial Automation
<input type="checkbox"/> Government	<input type="checkbox"/> Utilities
<input type="checkbox"/> Other (Please Specify): _____	
Would you like to be put on Versa Technology E-Mailing List:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No



Legal Business Name:		
DBA:		
Company Billing Address (If Different):		
City:	State:	Zip Code:
Accounts Payable Contact Name		
E-Mail:	Phone Number:	Fax Number:
Purchasing Agent Contact Name:		
E-Mail:	Phone Number:	Fax Number:
Type of Ownership:		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Proprietorship		
Business Type:		
<input type="checkbox"/> System Integrator <input type="checkbox"/> Building Security <input type="checkbox"/> Value-Added Reseller <input type="checkbox"/> Industrial Automation <input type="checkbox"/> OEM <input type="checkbox"/> Utilities <input type="checkbox"/> Other (Please Specify) _____		
Federal Tax ID:	Seller's Permit #:	DUNS #:

Please include a copy of your reseller certificate when submitting this application

The undersigned represents that the financial statement figures are true and correct as of the date thereof and is intended to be relied on by Versa Technology.

Signature:	Date:



For Internal Use Only

Date Received:
Approved Date:
Terms Provided:
Account Number:
Authorized Signature: