



Advanced Internet Access, LLC – Reseller Application

Company Information

Company Name: _____ DBA: _____
 Business Type: Corporation Partnership Sole Proprietorship Other _____
 Federal Tax ID#: _____ Sellers Permit #: _____ Insured/ Bonded: Y / N
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____ Website: _____
 Ship-to Address (if different than above): _____
 City: _____ State: _____ Zip: _____

Primary Contact Information

First Name	Last Name	Title	Telephone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Products & Services

Which of the following best describes the industry you are in (Check all that apply):

- Computer Hardware/ Software
- Computer Networks
- Wireless (WAN/ LAN/ WiFi)
- Kiosks
- Point-of Sale Systems
- Security Systems
- Phone/ PBX
- Broadband (DSL, T1, Cable, SAT)
- Commercial/ Residential A/V
- Other (Please explain): _____

Which of the following best describe your business practice areas: (Check all that apply)

- Value Added Reseller (VAR)
- System Integrator
- System Builder
- Distributor/ Wholesaler
- Retailer
- E-tailer
- Technology Installer
- Route Services
- Consulting
- Other (Please explain): _____

What types of customer service do you provide or will you provide: (Check all that apply)

- Hardware installation
- Software installation
- Ongoing Service Contracts

Current Vendors

Vendor Name	Categories or Products that you service or sell
_____	_____
_____	_____
_____	_____
_____	_____

AIA Products & Services

Please tell us what AIA products and services you would like to resell:

Products	Annual Forecast	Services	Annual Forecast
Instant HotSpot	_____ (units)	On -site Installation	_____ (units)
Kiosks	_____ (units)	Software Set -up	_____ (units)
Kiosk Software	_____ (units)	Credit Card Gateway Set -up	_____ (units)
Accessories	_____ (units)	Broadband Activations	_____ (units)

Sales & Marketing

What sales and marketing will be used to sell these products and services? (Check all that apply)

Sales:

- Direct Sales
- Telesales
- Affiliate Sales

Marketing:

- Retail
- Website
- Integrated Solution
- Print Media
- Direct Mail
- Email
- Catalog
- Trade Shows
- Events

Please tell us what sales, marketing and support tools and services you would like to see from us.

Payment Terms & Policies

TERMS: CASH, C.O.D., VISA Check, VISA, MasterCard, AMEX

If placing an order with this application please provide us with the following information:

Credit Card# _____ Expiration: ___/___ Signature: _____

RETURNS: Please call 425-814-2216 for a return authorization number (RMA). Merchandise must be shipped complete with RMA number and be clearly visible on package. Split shipments, incomplete merchandise or damaged goods will be refused. Reseller pays all associated shipping charges.

SHIPPING: Reseller pays all shipping charges. Please let us know preferred shipping method or carrier account information at time of order.

I certify that the information contained in this application is accurate. I also authorize AIA to make any inquiries necessary for this reseller application to be processed, and understand that reseller pricing is confidential.

Name: _____ Title: _____

Signature: _____ Date: _____

Please fax this application to us at 425-605-3549. You will hear back from us within 1 business day. You may also call us if you would like to discuss your application - (206) 347-6057 or (425) 814-2216.