



Firefly LED Cable Protector Reseller Application

COMPANY INFORMATION

Company Name:	<input type="text"/>		
Company Address:	<input type="text"/>		
City:	<input type="text"/>	State/Prov.:	<input type="text"/>
Country:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone Extension:	<input type="text"/>	Fax:	<input type="text"/>
Website URL:	<input type="text"/>	E-Mail:	<input type="text"/>

CONTACT INFORMATION

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Title:	<input type="text"/>	E-Mail:	<input type="text"/>
Address (if different):	<input type="text"/>		
City:	<input type="text"/>	State/Prov.:	<input type="text"/>
Country:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone Extension:	<input type="text"/>	Fax:	<input type="text"/>

BUSINESS SIZE & MODEL

Date Established:	<input type="text"/>	Primary Business Focus: <i>(Check the most applicable one)</i>	Industry Focus: <i>(Check all that apply)</i>
No. FT Employees:	<input type="text"/>	<input type="checkbox"/> Consulting	<input type="checkbox"/> Conv./Trade Show
No. FT Sales Reps:	<input type="text"/>	<input type="checkbox"/> e-Commerce Outlet	<input type="checkbox"/> Entertainment
Annual Revenue: \$	<input type="text"/>	<input type="checkbox"/> Retail/Storefront Outlet	<input type="checkbox"/> Equipment Rental
No. of Locations:	<input type="text"/>	<input type="checkbox"/> Government	<input type="checkbox"/> Hospitality
Selling Territory:	<input type="text"/>	<input type="checkbox"/> Value Added Integrator	<input type="checkbox"/> Lighting
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Power Distribution
		Do you sell other brands of cable protectors?	<input type="checkbox"/> Retail/e-Commerce
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Staging/Rigging
			<input type="checkbox"/> Utility
			<input type="checkbox"/> Other _____

CERTIFICATION & SIGNATURE

I certify that the above information is accurate to the best of my knowledge.

Signature:	Print Name:	Date:
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