



MERIDIAN AUTHORIZED RESELLER APPLICATION

This form serves as a formal application to be accepted as a Meridian Authorized Reseller. Please review the reseller program requirements and benefits prior to completing this form. The Meridian CBO must approve all Authorized Reseller Applications.

Send reseller certificate and completed form with approvals to partners@mzero.com.

Complete all sections if new partner. For questions, please contact sales@mzero.com.

AUTHORIZED RESELLER CONTRACT INFORMATION			
COMPANY NAME:		DATE:	
EXACT LEGAL BUSINESS NAME:			
BUSINESS ADDRESS:	CITY	STATE	ZIP
STATE / PROVIDENCE / COUNTRY OF INCORPORATION:		CORPORATE WEBSITE:	
MAIN CONTACT NAME:		MAIN CONTACT TITLE:	
PHONE NUMBER:	FAX NUMBER:	EMAIL:	
SUBSIDIARIES OR AFFILIATED COMPANIES TO BE COVERED UNDER CONTRACT:			
DEFINITION OF COMPANY BUSINESS:			

GENERAL BUSINESS INFORMATION

INDIVIDUAL PARTNERSHIP CORPORATION SOLE PROPRIETORSHIP

TYPE OF BUSINESS:

YEARS IN BUSINESS:

YEAR & STATE OF INCORPORATION:

ARE YOU TAX EXEMPT? YES NO

If so, please attach Sales Tax Exemption Certificate [Include as Attachment].

RESELLER DEMOGRAPHICS

SALES TERRITORY:

Select one or more territories

- ASIA / PACIFIC
- CANADA
- EUROPE
- LATIN AMERICA
- UNITED STATES
 - NORTH WEST WASHINGTON, OREGON, IDAHO, MONTANA, WYOMING, CALIFORNIA, ALASKA
 - SOUTH WEST NEVADA, UTAH, ARIZONA, COLORADO, NEW MEXICO
 - NORTH CENTRAL NORTH DAKOTA, SOUTH DAKOTA, MINNESOTA, WISCONSIN, IOWA, ILLINOIS
 - SOUTH CENTRAL NEBRASKA, KANSAS, MISSOURI, OKLAHOMA, TEXAS, ARKANSAS, MISSISSIPPI, LOUISIANA
 - MIDWEST MICHIGAN, INDIANA, OHIO, KENTUCKY, WEST VIRGINIA
 - NORTH EAST MAINE, NEW HAMPSHIRE, RHODE ISLAND, VERMONT, NEW YORK, MASSACHUSETTS, CONNECTICUT, NEW JERSEY, DELAWARE, WASHINGTON DC, PENNSYLVANIA, VIRGINIA
 - SOUTH EAST NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, ALABAMA, GEORGIA, FLORIDA

PARTNER CONTACT DETAILS		
PRIMARY BUSINESS CONTACT:		
PRIMARY BUSINESS CONTACT TITLE:		
PHONE NUMBER:	FAX NUMBER:	EMAIL:
PRIMARY PURCHASING CONTACT:		
PRIMARY PURCHASING CONTACT TITLE:		
PHONE NUMBER:	FAX NUMBER:	EMAIL?

By signing below, I certify that all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____