

RESELLER APPLICATION FORM

Infinite Cables Inc.
 421 Bentley St. Unit 9
 Markham, ON. L3R 9T2

Tel: 905-477-4433
 Fax: 905-477-4454
 Toll Free: 1-866-207-6442
 Email: sales@infinitecables.com
 Email: sales@phantomcables.com

Company Information:

Operating Name: _____ Date Established: _____
 Legal Name: _____ Telephone: _____
 Ship to Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____
 Bill to Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____
 Website (URL): _____ Email: _____
 Payment Method: Credit Card Line of Credit (Please fill out Credit Application)

Authorized Purchasing Agent:

Name: _____ Title: _____
 Telephone: _____ Extension: _____
 Fax: _____ Email: _____

Type of Business:

Retailer	Online Retailer	Installer	Systems Integrator	Dealer/VAR
Consultant	OEM	Other:	_____	

Number of Employees:

1 to 5	6 to 15	16 to 30	31 to 50	50+
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Which of our product lines are you interested in reselling?

Audio/Video	Networking	Data Cables	Power Cables	SLA Batteries
RF Cables	Custom Cables	Other:	_____	

How did you find us?

Search Engine	Web Ad	Word of Mouth	Direct Mail/Fax	Flyer
Facebook/Twitter	Email:	Other:	_____	

I certify that I am purchasing products from Infinite Cables Inc. for resale and that the above information is correct and complete:

Name: _____ Title: _____
 Signature: _____ Date: _____