RemoteCon

Reseller / Distributor Application

Partner program

APPLICATION

Company (full legal name)

Date

What type of relationship are you looking for with RemoteCon Limited?

- ☐ Reseller
- ☐ Distributor

COMPANY INFORMATION

Principal legal address (unit no., street no., street name, city / town)

Province / State

Country

Postal / Zip code

Number of locations

Region(s) of location(s)

Primary phone

Web address

Years active

No. of employees

Annual revenue (optional)

Federal Tax ID (or equivalent)

Jurisdiction of incorporation

Type of entity

- ☐ Corporation
- ☐ Limited Liability Partnership
- ☐ Limited Liability Corporation
- ☐ Sole Proprietorship
- ☐ Other:

Will you be selling through online or offline channels?

- ☐ Online
- ☐ Offline
- ☐ Both

YOUR BUSINESS

What is your primary industry?

Which country is your primary sales territory?

APPLICATION CONTACT

Name

Position / title

Phone

Email

RemoteCon Limited may, at its sole and absolute discretion, accept or decline any application. The applicant acknowledges that submitting this application does not constitute an agreement with RemoteCon Limited, an acceptance to enter into any relationship, or the granting of any right to the applicant. RemoteCon Limited handles information submitted in accordance with applicable Canadian law, including the Personal Information Protection and Electronic Documents Act (PIPEDA).

Signature

Date

Please email the completed application to info@remotecon.ca

ACTIVE REFERENCES — PLEASE PROVIDE THREE

Reference 1 — company

Contact

Position / title

Phone

Email

Address (unit no., street, city / town)

Province / State

Country

Postal / Zip code

Reference 2 — company

Contact

Position / title

Phone

Email

Address (unit no., street, city / town)

Province / State

Country

Postal / Zip code

Reference 3 — company

Contact

Position / title

Phone

Email

Address (unit no., street, city / town)

Province / State

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