

Less EMF Inc.- The EMF Safety Site

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RESELLER APPLICATION (2 PAGES)

DATE: _____

COMPANY DATA:

Company Name _____

Address _____

Address _____

Contact Name _____

Telephone _____

Fax _____

Website _____

E-mail _____

No. OF EMPLOYEES AT YOUR COMPANY:

Outside sales people: _____

Inside Sales People: _____

Other (specify): _____

HOW MANY LOCATIONS DO YOU HAVE:

WHAT IS YOUR SALES TERRITORY:

WHO ARE YOUR CUSTOMERS:

Retail Consumers _____ %

Commercial Users _____ %

Dealers _____ %

Others (specify) _____ %

ANNUAL SALES \$ _____

WHAT ARE YOUR SELLING METHODS (AS A PERCENTAGE OF SALES):

Direct personal selling _____ %

Direct mail (incl. catalog) _____ %

Telemarketing _____ %

Electronic media _____ %

Storefront _____ %

Other (specify) _____ %

LIST SPECIFIC INDUSTRIES YOU SERVE:

HOW MANY ACTIVE CUSTOMER ACCOUNTS (within 3 months):

YOUR PRIMARY PRODUCT LINES:

ARE YOU CURRENTLY CARRYING ANY ELECTROMAGNETIC SAFETY PRODUCTS:

If you would like commission payments sent via
Paypal, what is your Paypal account e-mail:

I have read and understand the Affiliate Agreement
at <http://www.lessemf.com/agreement.html>

AUTHORIZED SIGNATURE:

We agree to the Terms and Conditions of the Reseller Program Operating Agreement.

We anticipate doing business with Less EMF Inc. in the following way (*check all that apply*):

- Distributor: We will purchase in quantity at wholesale prices for our stock
 - Distributor: We will send orders with discounted payment by mail/fax/e-mail for individual drop ships
 - Affiliate: We will use the Affiliate Program (we list specific products on our website, customers use the special online “order now” button, Less EMF processes the order and does drop shipping)
 - Referrer: We will use the Referrer Program (we will add special links on our website, customers will be directed to www.lessemf.com, Less EMF processes orders and does drop shipping)
 - Other, please describe: _____
-

What is your intended market (demographic and geographic) for EMF Safety Products?

What methods do you plan to use to promote EMF Safety Products to this market?

Please list the EMF Safety products you plan to carry:

Please tell us about your marketing experience and expertise:

Please attach your reseller/sales tax certificate & W-9