



CIPI EUROPE BV

Reseller Application

World Leader in
Identification Solutions

Please print or type and fill out completely

Business Name:

Business Name: _____ Date Established: _____ Application Date: _____

Primary Contact: _____ Financial Contact: _____

Sales & Marketing Contact: _____

Main Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Billing Address:

Street: _____ City / Town: _____

Province: _____ Country: _____ Postal Code: _____

Shipping Address:

Street: _____ City / Town: _____

Province: _____ Country: _____ Postal Code: _____

Bank Reference:

Name: _____ Phone: _____

Address: _____ Fax: _____

Account #: _____ Contact Name: _____

Chamber of Commerce Registration Number: _____ VAT Number: _____

Financial Information:

Amount of Credit Line Requested: _____ Dunn & Bradstreet Number: _____

Business Profile

Primary Products and / or Services:

(Please check all that apply and place a star (*) next to your primary business area)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Access Control | <input type="checkbox"/> Awards & Engraving | <input type="checkbox"/> Events / Exhibitions / | <input type="checkbox"/> ID Service Bureau |
| <input type="checkbox"/> Lamination | <input type="checkbox"/> Card Manufacturing / Printing | Conventions | <input type="checkbox"/> Retail / Office Supply |
| <input type="checkbox"/> Advertising Specialties | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Identification | <input type="checkbox"/> Security |

Distribution Model: Resellers / Dealers % End Users %

Sales Area: Local Regional National International (Export)

Total Yearly Sales: < € 100,000 € 100,000 + € 500,000 + € 1 Million +

Please return to:

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