



Reseller Application

Please complete the application below. You may fax this to 561.630.0375, to expedite the process. Please mail the original copy. If you have any questions, please email: var@1450.com

Vendor Name

Manufacturer's Reseller Certification Number

Mailing Address Line One

Shipping Address (if different)

Mailing Address Line Two

Shipping Address (if different)

City, State, Zip, Country

City, State, Zip, Country

Phone Number

Fax Number

Contact Name / Email Address

Home Page URL (if available)

Credit Card Information

We will keep your credit card information on file. However, unless you prefer credit card payment, we will bill your credit card only in the event that your account with 1450 becomes delinquent.

Credit Card Company

Name on Credit Card

Credit Card Number

Expiration Date

3-Digit Code

Dealer Authorization

I authorize 1450 to ship software products using the above listed credit card, and agree to only resell these products to end-users. If product is used for any other purpose, I will be responsible for the appropriate sales tax. I agree personally to be responsible for all purchases from 1450. All costs of collection will be borne by the purchaser.

Signature (Authorized Agent)

Title/Date

Getting to Know You

We'd like to get to know you as well as possible. Once we get a better understanding of your business, we will be able to forward appropriate leads and have the appropriate resources available. Please feel free to omit the answers to any of the following questions that you would prefer to keep confidential.

Number of Years in Business

Number of Employees

How are these Employees Categorized (Sales, Support, etc.)

Experience in Speech Recognition

Experience with Electronic Medical Records (EMR)

Concentrated Markets (Medical, Legal, Business, Insurance, etc.)

Gross Annual Sales

How Did You Hear About Us (Webinar, Mailer, etc.)

Additional Comments

Thank you for your interest!

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