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Application for Reseller Discount Program

BUSINESS INFORMATION

FIRM NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
TYPE OF OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER		YEAR ESTABLISHED	
LAST YEARS REVENUE	D&B #	NUMBER OF EMPLOYEES	
TAX STATUS OF PURCHASES <input type="checkbox"/> ITEMS TAXABLE <input type="checkbox"/> ITEMS EXEMPT	FEDERAL TAX ID#	RESELLER PERMIT #	
PURCHASES WILL BE PAID HOW? <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> NET 30 ACCOUNT	IF SELECTING NET 30 YOU MUST ALSO FILL OUT AND SUBMIT OUR OPEN ACCOUNT APPLICATION		
COMPANY WEBSITE ADDRESS			

CONTACT PERSON

NAME	TITLE
TELEPHONE	EMAIL ADDRESS

TRADE REFERENCES

NAME	PHONE	NAME	PHONE
ADDRESS		ADDRESS	
CITY	STATE	ZIP	CITY
STATE	ZIP	CITY	STATE
ZIP	CITY	STATE	ZIP
NAME	PHONE	NAME	PHONE
ADDRESS		ADDRESS	
CITY	STATE	ZIP	CITY
STATE	ZIP	CITY	STATE
ZIP	CITY	STATE	ZIP

PRODUCT INFO

PRODUCTS YOU ARE PRIMARILY INTERESTED IN RESELLING:
HOW WILL OUR PRODUCTS WILL BE MARKETED BY YOUR ORGANIZATION (CATALOG, WEBSITE, ETC.)?

I hereby certify that I am authorized to represent the entity listed above. I certify the information, as presented on this form, is true and complete and presented to OVM in order to establish a Reseller Account in order to receive discounts on future purchases. In consideration of, and in order to induce OVM to establish Reseller terms based on the foregoing application, the undersigned promises to pay for all purchases in accordance with OVM's terms of sale.

In the event it becomes necessary for One Visit Media, Inc. to incur collection costs, or institute suit, the undersigned promises to pay such additional costs, charges, expenses, including reasonable attorney fees if the account is placed in the hands of attorney.

I understand that the reseller program has been incorporated to establish a long-term relationship and may be terminated at any time.

Authorized Signature _____

Title _____

Printed Signature _____

Date _____