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 Surrey, BC, Canada V3W 0H6  
 Phone:1-604-596-5200  
 Fax: 1-604-596-5277  
 Toll Free: 1-888-282-7674

## Application Form for Authorized Distributor / Reseller

(\* indicates required fields)

*Company Name:		
*Company Address:		
*Owner's Name:	*Phone/Ext:	*Email:
Authorized Purchaser:	Phone/Ext:	Email:
Authorized Payable:	Phone/Ext:	Email:
*Company Website:	*Phone:	*Fax:
Years of Business:	Geographical Coverage:	
Number of Employees:	Number of Sales Rep.:	
*Type of Business: <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> VAR <input type="checkbox"/> System Integrator <input type="checkbox"/> Online Shopping Site <input type="checkbox"/> Others, please specify: _____		
What products are you interested in: <input type="checkbox"/> Point of Sale <input type="checkbox"/> RFIDs <input type="checkbox"/> Access Control <input type="checkbox"/> Time & Attendance <input type="checkbox"/> All of Posh Products <input type="checkbox"/> OEM/ ODM <input type="checkbox"/> Others, please specify: _____		
How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Trade show <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Cold-calling <input type="checkbox"/> Others, please specify: _____		
*Authorized Signature: _____		Date: _____
I hereby certify that I am authorized to sign for this form and I understand that by signing this form does not guarantee approval as POSH distributor/reseller.		

**Return completed and signed form to:**

**Fax: (604) 596-5277**

**OR**

**Email: [info@poshmf.ca](mailto:info@poshmf.ca)**

<b>Office Use Only</b>	
Approved By: _____	Date: _____
Notes: _____	