

# Cellica Corporation Reseller Application

## GENERAL INFORMATION

### 1. General contact information

Company Name	
Parent Company/ Franchise of	
Number of offices	
Street Address	
City	
State/Province	
Zip/Postal Code	
Country	
Phone	
Extension	
Fax	
Email	
URL	

### 2. Whom should we contact in the following positions?

#### Principal Business Contact

Name	
Title	
Email	
Phone	

#### Principal Technical Contact

Name	
Title	
Email	
Phone	

### 3. What is your state resale certificate and permit number?

State and Country	
Federal ID or VAT No.	

## COMPANY BACKGROUND

**4. When was your business founded? (Month/Year)**

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**5. How would you describe your business?**

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**6. What is your estimated annual revenue?**

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**7. What size company do you usually sell to?**

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## EXPECTED SALES

**8. Indicate the percentage of sales expected for each platform:  
(should total 100%)**

iPhone	
iPad	
Android	
BlackBerry	
Other (Describe)	

**9. What quantity of each Cellica Software product do you expect to sell per year?**

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Thank you for your interest in the Cellica Corporation's Partner Reseller Program. Please re-read your application carefully. By submitting this application, you acknowledge that the information, which you have presented, is accurate.

**For Reseller**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_