



132 NE 29th Street
Fort Lauderdale, FL 33334

P: 954-839-8349

E: info@GavaSystems.com

W: www.GavaSystems.com

Resellers Application

Company Name: _____

Contact Person: _____ Phone: _____

Email: _____ FAX: _____

Website: _____

Address: _____

Address: _____

City: _____ State: _____ Postal Code: _____

County: _____

Reseller Tax Exempt #: _____ State of Issue: _____

A copy of your Reseller Sales Tax Exempt Certificate must be provided with this application

IRS EIN: _____

Type of Company: Corporation Sole Proprietor LLC Other: _____

Number of Sales Employees: _____ Number of locations: _____ Years in business: _____

Primary business: _____

Annual Income: _____ Primary Market: _____

The undersigned certifies that all of the information contained herein is true and correct to the best of their knowledge and belief.

Name: _____ (print)

Signature: _____ Date: _____

Please review the attached Reseller Enrollment Process below

Office Use: ID: _____ Pass: _____ Acct: _____ ENT: _____ LEV: _____ NT: _____