

Reseller Application

Company

Company Name:		DNB # :	
Mailing Address			
City:		State:	Zip:
Phone:		Fax:	
Email:		Web:	
Parent Company (if applicable):	Parent Co. Addr	ess:	
Resale Certificate Number (Please attach copy): _		Federal ID # :	
Contacts			
Primary Sales Contact:	Phone:	Email:	
Order Confirmation Email:	Oı	der Tracking Email:	
Accounts Payable Contact:	Phone:	Email:	
Invoicing Email (if different):			
Details Primary Sales Channel: Retail Location Total # of Employees: Installation Does your company provide: Installation What other products or services do you sell / su	On-site Service/Repair	Technicians:?	
Payment (please choose one) Net 30 via ACH (preferred) UniCredit Bank AG Routing #: 026008808 Account #: 2405674501	Credit Card (processed	at time of order)	Net 30 Days via Check
Agreement			
I acknowledge I will be responsible for all costs	incurred if my account shoul	d require collection. As a r	eseller of Dahle and/or Novus brands,
 I agree to pay all invoices within terms I will follow Dahle North America Inc.'s Minir I will not sell Dahle, Vantage, or Novus produ 			
Name:		Title:	
Signature:		Date:	



Dahle North America, Inc. (800) 995-1379 | info@dahle.com Dahle.com | NovusOffice.com

