



www.vitextech.com  
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## Reseller Application Form: Fever Detection System

Full Legal Name of the Business: \_\_\_\_\_

DBA: \_\_\_\_\_

(The above name must match the name on the tax and license forms)

Federal Tax ID: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Brief Description of Your Business: \_\_\_\_\_

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reseller info: Please provide the following items as proof of a product reseller:

- Company's reseller permit, tax identification certificate or business license.
- Company website link or printed copy of product promotional materials or publications

I certify that the above company is a legitimate reseller of safety, security, audio/video, or IT system products and/or services.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please send the completed form and supporting materials to Vitex, LLC

via Email: [sales@vitextech.com](mailto:sales@vitextech.com)

or

via Fax: (201) 296-0149