



311 South 7th Street • Delavan, WI 53115 • (262)728-8637 • Fax (262)728-5566 • www.kaco.com

KACO Reseller Application

Please fill out this form completely - *incomplete forms can not be processed*

Company Name		Date:
Doing Business As		Phone#:
Shipping Address Include Other Locations (no PO Box numbers)		Fax#:
		E-mail:
		URL: www.
Primary Contact		State/ZIP:
Type of Company: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Business Type (mark all that apply): <input type="checkbox"/> Distributor <input type="checkbox"/> Mail Order <input type="checkbox"/> Retail Store <input type="checkbox"/> VAR <input type="checkbox"/> Other		
Product Interest (mark all that apply): <input type="checkbox"/> Desktops <input type="checkbox"/> Notebooks <input type="checkbox"/> Hardware <input type="checkbox"/> PDA's <input type="checkbox"/> Peripherals & Software <input type="checkbox"/> Other		
Number of employees (mark all that apply): Sales Inside ___ Sales Outside ___ Technical ___ Administrative ___ Total ___		
Annual Gross Sales: <input type="checkbox"/> < \$1M <input type="checkbox"/> > \$1M <i>Estimated annual KACO sales:</i> \$		
Federal Tax ID Number:	Sellers Permit Number:	Issuing State:
Other Information:		

Instructions for completion: Please fill form out completely and return to **KACO**, you will be contacted by a **KACO** Reseller Representative.