



Reseller Application for Quiet PC USA, Inc.

Fax this form to **(530) 274-7766** or email it to **Sales@QuietPCUSA.com**.
Application information shall be kept confidential with Quiet PC USA, Inc.

Company Information	
Name	
Address	
City	State
Zip	
Website	

Contact Information	
Contact Name	
Contact Title	
Phone	
Fax	
Email	

Sole Proprietor Partnership Corporation: State _____

Reseller Permit if this is a business in California: _____

Purchase or Buyer's Contact Information	
Buyer's Name	Title
Phone	
Fax	
Email	

Invoice and Accounts Payable Information	
Billing Address	
Ship To Address (if different from above)	
Payment method preferred _____	
<input type="checkbox"/> Credit Card <small>(List type - Visa, Master Card. . .)</small>	<input type="checkbox"/> Bank Wire
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Company Check

Trade References: Company Name, Address, Contact and Title, and Phone Number	
1	_____
2	_____
3	_____
4	_____

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	
SIGNED	_____
TITLE	_____
DATE	_____