



2019 Reseller/Distributor Registration Form

Business Name: _____

Business Phone Number: (____)_____

Business Address

(Street Address): _____

(City): _____

(State): _____

(Zip Code): _____

Check One: Retail Reseller _____ or Wholesale Distributor _____

Contact Name: _____

Contact Phone Number: (____)_____ Ext _____

Contact E-Mail Address: _____

Please fill out all of the fields. When completed, scan this filled-in form as a .PDF file. As attachments, e-Mail the .PDF file and a scanned copy of your current State Wholesale (Tax-Exempt) Certificate (or equivalent) to sales@sumdalus.com.

Once we have received the required information, we will send you a personalized link to either the "Authorized Resellers Only" or to the "ROSAS Report" section of our website.

Thank You.