



RESELLER AGENT APPLICATION

Reseller Agent Name (Last, First, Middle Initial)	Location, (City, State)	RA # (office use only)
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Legal Company Name (Include DBA)			
Company Address (Street, City, State, Zip Code)			
Work Phone #	Cell Phone #	Home Phone #	Email Address
Company Website Address			Alternate Website Address where products will be sold
Name of Office Manager or Administrative Contact		Contact's Phone #	Contact's Email Address

Company Profile Overview

What is the current status of your business? <input type="checkbox"/> TBD <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Franchisee
Number of employees: <input type="checkbox"/> 1 <input type="checkbox"/> 2-7 <input type="checkbox"/> 7-12 <input type="checkbox"/> 20+ <input type="checkbox"/> 30+ <input type="checkbox"/> 40+ <input type="checkbox"/> 50+ Years in business: <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5+ <input type="checkbox"/> 10+
Your volume goals for marketing to prospective clients? Monthly Marketing Volume <input type="checkbox"/> 5-100 <input type="checkbox"/> 100-999 <input type="checkbox"/> 1K-10K <input type="checkbox"/> 10K-100K <input type="checkbox"/> 100K+ Prospects
Do you currently offer any internet marketing products to your existing clients? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list under Partnerships & Vendors)
Do you intend to sell our products under the Local Splash Brand or Co-Brand your own product line? <input type="checkbox"/> Local Splash <input type="checkbox"/> Co-Branded
How did you learn about this opportunity? <input type="checkbox"/> Email Newsletter <input type="checkbox"/> Trade Show (Event) _____ <input type="checkbox"/> Internet Search (Keywords) _____ <input type="checkbox"/> Magazine Ad (Issue) _____ <input type="checkbox"/> Personal Referral from: _____ <input type="checkbox"/> Other (Please Explain) _____

Partnerships & Vendors – List any partnerships with product or service vendors that you currently offer to your customers.

Name of Organization	Type of Partnership	Current Services Offered

Mail, email or fax the signed application to:

**Relevant Ads / Local Splash
 Attn: Business Development
 17870 Newhope Street, Ste 104-167
 Fountain Valley, CA 92708**

For more information, contact us at:

Telephone: (877) 635-6225 ext. 324
Fax Application to: (714)280-4302
 Email: BIZDEV@localsplash.com

PLEASE READ CAREFULLY AND SIGN - I certify that the above statements are correct. I understand that this is an application and does not imply any partnership or agreement until approved by management. I agree that all information acquired is for the sole purpose of establishing a business relationship to market and sell Local Splash products and not intended for any other use or disclosure to competitors.

Applicant's Signature _____ Date _____