



VAR/RESELLER/INTEGRATOR APPLICATION FORM

Date: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Country: _____

County (if in US): _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Web Site: www. _____

This form is an application to resell Metalcraft ID products to your clients (please place a check-mark(s) next to the products below that are you most closely aligned with).

Bar Code Non-Bar Code RFID

The questions below are designed to provide us with a better understanding of your organization and how we can best support your efforts to market and sell our ID products. Please complete the form and fax (641-423-8898) or e-mail (metalcraft@idplate.com) it back to Metalcraft.

1. Provide a brief company history (i.e., are you primarily a reseller or integrator and describe the geographic territory you cover).

2. List key products (include company names) and services that you market. NOTE: If you are involved with RFID, please be specific about your capabilities.

