



## Reseller Questionnaire

### Contact Information:

Reseller Company Name: \_\_\_\_\_ # of Locations: \_\_\_\_\_  
 Contact First & Last Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Contact Fax #: \_\_\_\_\_ Contact Mobile #: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

### Main Business Address:

Street Address 1: \_\_\_\_\_  
 Street Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Years at This Location: \_\_\_\_\_

### Business Information:

Business Name or Legal Entity (if any): \_\_\_\_\_  
 Type of Business: Corporation:  Partnership:  LLC:  Individual/Sole Proprietor:   
 Incorporated, organized or formed in the state of: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 State Tax ID Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

### Where do you plan to sell Fathead products?:

Physical Locations: Same as Main Business Address:  Different Locations:  How Many?: \_\_\_\_\_  
 Website Domains: No Domains:  Selling From Domains:   
 List Domains: \_\_\_\_\_

### Additional Info:

Do you carry other licensed goods?: Yes:  No:   
 What brands or types: \_\_\_\_\_

### Terms & Conditions:

1. You understand that you will not become a Fathead reseller, until you are notified by Gemsen America, Inc.
2. You understand that all info related to wholesale pricing or future business plans are to be held in strictest confidence.
3. You represent and warrant that you will refrain from advertising or selling Fathead products in an unfavourable light or otherwise harm the goodwill and reputation of any products associated with Fathead, LLC or Gemsen America, Inc.
4. You agree to refrain from using any domain names or paid search terms, which incorporate the term "Fathead" or any variation thereof misnomers, misspellings, pseudonyms, typos, or similar phonics.
5. You agree to refrain from selling any Fathead products on any auction or bidding sites.
6. You verify that you are an authorized owner or agent requesting to become a Fathead Reseller.
7. You state all information submitted to be true and subject to verification.

Owner/Agent Name (signature): \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Agent Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please complete and fax signed form to 954-796-4130.\*\*\*