

## Reseller Application Form

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Please complete the following as thoroughly as possible so we may review your business offerings to determine if a partnership will be mutually beneficial. If you have any questions, please contact one of our New Business Development Specialists at 866-877-2737 or [sales@repeatrewards.com](mailto:sales@repeatrewards.com).

If you would like to submit references to support this application, please attach all contact information to this application when submitting.

### **BASIC INFORMATION**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Description (include primary products/services offered):  
\_\_\_\_\_

Year Business was Founded: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Business Certifications/Associations: \_\_\_\_\_

Other Business Partnerships: \_\_\_\_\_

Why do you want to partner with ProPhase Marketing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **YOUR TARGET CLIENTELE**

Number of Current Customers: \_\_\_\_\_

Customers Primary Business Industry: \_\_\_\_\_

Customer Target Geographic Territory: \_\_\_\_\_

Customer Target Size (ex. single location businesses, franchises, large corporations, etc.):

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**EXPECTATIONS**

Are your business offerings (proprietary or via partnership) the same as ours services or of a competing nature? Yes No

If yes, which services? \_\_\_\_\_

Do you currently use another printer for direct mail? Yes No

*If yes, would you use our in-house printing fore you direct mail needs related to our services?*

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How many of your current customer have shown interest in the type of services that we offer?

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Which services would you offer? *Please check all that apply.*

- LOYALTY
- GIFT CARD/E-GIFT CARD
- MOBILE APPS
- REFER-A-FRIEND
- CUSTOMER SURVEY
- WEBSITE DESIGN/HOSTING
- SOCIAL MEDIA MANAGEMENT
- DIRECT MAIL

Partnership Model Preferred:

- Referral (pass leads to us to complete the sale)
- Standard Partner (sell our services at our prices)
- Value Added Reseller (sell our services at your prices)
- White Label (sell our services branded and supported as yours at your prices)

Desired Compensation Terms: \_\_\_\_\_

How would you market our services to your clients? \_\_\_\_\_

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*Thank you for taking the time to complete this application!*

*Please return this to the New Business Development representative who provided this for completion and we'll be in touch with you soon. We appreciate your request to be an authorized reseller of our services. Thank you for considering us for a partnership.*