

# Reseller Application

Select Electronics  
Corporation

## Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_

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

## Contact Info

Name: \_\_\_\_\_  
*Last First*

Direct Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## POS Affiliations – Please list all POS systems that you currently sell or support

By submitting this form and obtaining favorable discount status you agree to the terms of becoming a SEC reseller. SEC will provide direct support to your company, as our customer, for all products purchased directly from SEC by your company. Unless approved by SEC in advance we will not provide direct support, via phone or email, to your customers.

Please complete ALL fields and submit form to [sales@selectelectronics.com](mailto:sales@selectelectronics.com)