

Reseller Program Application

Please complete and return this form along with a copy of your reseller's certificate or business license to info@solidapollo.com or fax to **425.903.3981**

Business Billing Information (As it Appears in Your Billing Statements)

*Company Name:	*Contact Name:		
*Address:	*City:	*State:	*Zip Code:
*Position Within Company:	*Phone Number (Country Code +):		
*Email :	*Website Address:		

Shipping Information (Same as Billing: Yes No)

*First and Last Name:			
*Address:	*City:	*State:	*Zip Code:
*Company Name :	*Country:		

Questionnaire

1. Have you worked with LED lighting systems before?						
2. What does your business do? Installer Designer Lighting Specifier Other						
3. What is the average project cost in dollars that you perform?						
4. How many employees does your company have?						
5. How many projects does your company undertake on a yearly basis?						
6. What type of projects does your company undertake? Residential Commercial Retail Hospitality Entertainment Other						
7. What types of LED products is your company interested in? LED Strip Light Chasing / Pixel LED Neon DMX						
Under Cabinet Lighting		Landscape Lighting		RGB Color Changing		Driverless LED Strip Other

Signature: My company agrees to be bound by Solid Apollo's [Terms and Conditions](#) which I have read.

Company Name

Date (mm/dd/yy)