Solid Apollo LED
Where light meets perfection

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www.SolidApollo.com

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**.

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   Company Name
Terms and Conditions which I have read.

_____

Date *(mm/dd/yy)*