

# RESELLER/DISTRIBUTOR APPLICATION

— GEOSPECTRUM TECHNOLOGIES INC.



## APPLICATION

Company [Full Legal Name]:

Date :

What type of relationship are you looking for with

GeoSpectrum Technologies Inc.?

☐ Reseller

☐ Distributor

## COMPANY INFORMATION

Principal Legal Address:

Unit no.

Street no.

Street Name

City/Town

Province/State :

Country :

Postal/Zip Code :

Number of locations :

Region[s] of location[s] :

Primary Phone :

Years Active :

Web Address :

No. of Employees :

Annual Revenue :  
[optional]

Federal Tax ID :  
[or equivalent]

Type of Entity :

☐ Corporation

☐ Limited Liability Partnership

☐ Limited Liability Corporation

☐ Sole Proprietorship

☐ Other :

Jurisdiction of Corporation :

Will you be selling through online or offline channels?

☐ Online

☐ Offline

☐ Both



What is your primary industry?

Which country is your primary sales territory?

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Application Contact Name :  Position/Title :   
Phone :   
Email :

GTI may, at its sole and absolute discretion, accept or decline any application submitted herein. Applicant hereby agrees and acknowledges that submission of this Reseller/Distributor Application in no way constitutes an agreement with GTI and/or an acceptance by GTI to enter into an agreement or relationship of any kind with Applicant and/or the granting of any right to Applicant. GTI will manage information submitted in this application in accordance with Canadian law, including the Personal Information Protection and Electronic Document Act (PIPEDA).

Signature

Date :

Send completed application to [sales@geospectrum.ca](mailto:sales@geospectrum.ca)

THANK YOU FOR YOUR APPLICATION

# ACTIVE REFERENCES

PLEASE PROVIDE 3 ACTIVE COMPANY REFERENCES BELOW



Company :

Contact :  Position/Title :

Phone :  Email :

Address :

**Unit no.** **Street no.** **Street Name** **City/Town**

**Province/State** :  **Country** :

**Postal/Zip Code** :

Company :

Contact :  Position/Title :

Phone :  Email :

Address: :

**Unit no.** **Street no.** **Street Name** **City/Town**

**Province/State** :  **Country** :

**Postal/Zip Code** :

Company :

Contact :  Position/Title :

Phone :  Email :

Address: :

**Unit no.** **Street no.** **Street Name** **City/Town**

**Province/State** :  **Country** :

**Postal/Zip Code** :