

# **INFINITYBOX Distributor Partner Application**

### **Section A: Instructions**

Thank you for your interest in participating in the INFINITYBOX inNETWORK partner program. Please complete the following sections as part of your application. You can email your completed application, including the additional required documents to <u>sales@infinitybox.com</u> or you can fax the documents to (847) 464-8075. You may call our team with questions at (847) 232-1991.

Section D: Dt	18111628 11110	ormation		_			
Business Name:				Business Address:			
Legal Structure:	□Sole Prop.	□LLC/LLP	□Inc.	City:			
EIN / TIN:				State / Providence			
Primary Contact:				ZIP / Postal Code:			
Title:				Country:			
Phone Number:				Business Phone:			
Email Address:				Business Fax:			
# of Employees:				Website Address:			
inNETWORK Le	vel:	Installer		Jobb	oer	Distributor	
How do your customers find out about your business or shop?							
Services Offered:							
Other Products T	hat You Repre	sent or Distr	ibute:				

## **Section C: Sample Vehicle Builds**

Describe the three most recent customer vehicles that you completed

Example Vehicle 1 Description of work done: Wiring Products Used: Other Highlights: Example Vehicle 2 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Description of work done: Wiring Products Used: Other Highlights:

Example Vehicle 3			
Year:	Make:	Model:	
Description of wo			
Wiring Products	Used:		
Other Highlights:			1
Section D: Med	lia Attention		
If appropriate, pleas	se list the most recent media o	coverage featuring your business, one of your ve	chicles or a build
for a customer.			

#### **Section E: Additional Information Check List**

Please submit copies of the following documents to complete your application process.

Copy of your business license

Copy of your business resale certificate (Required if your business is in the State of Illinois. Sales tax will be charged if you do not supply this document.)

These documents can be scanned and emailed to <a href="mailto:sales@infinitybox.com">sales@infinitybox.com</a> or faxed to (847) 464-8075.

## **Next Steps:**

To submit this form electronically, save it using your business name as the file name. Email it to <a href="mailto:sales@infinitybox.com">sales@infinitybox.com</a> with the documents from Section E. Alternately, you can fax this form with the documents from Section E to (847) 464-8075. Once we receive the completed package, a member of the INFINITYBOX sales team will review it and will reach out to you to discuss next steps.