



## VAR/RESELLER/INTEGRATOR APPLICATION

**Date:** \_\_\_\_\_

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

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

**City, State, Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**County (if in US):** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Web Site:** www. \_\_\_\_\_

This form is an application to resell Metalcraft ID products to your clients (please place a checkmark(s) next to the products below that are you most closely aligned with).

\_\_\_ Bar Code    \_\_\_ Non-Bar Code    \_\_\_ RFID

The questions below are designed to provide us with a better understanding of your organization and how we can best support your efforts to market and sell our ID products. Please complete the form and fax (641-423-8898) or e-mail (metalcraft@idplate.com) it back to Metalcraft.

1. Provide a brief company history (i.e., are you primarily a reseller or integrator and describe the geographic territory you cover).
  
2. List key products (include company names) and services that you market. NOTE: If you are involved with RFID, please be specific about your capabilities.

3. List key markets or industries that you serve.
  
4. Do you actively sell ID nameplates and labels or only as requested by your clients?
  
5. What specific ID products are your clients most consistently requesting?
  
6. What three major trade publications do you subscribe to?
  
7. What trade associations are you a member of?
  
8. Please complete standard credit application.

**Thank you for providing this information.  
Approval will be advised by letter at the time of approval.**

**Metalcraft Inc.**  
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