



Partner Application

RESELLER INFORMATION	
DBA NAME/OUTLET NAME:	LEGAL / CORPORATE / BILLING NAME (IF DIFFERENT THAN DBA):
PHYSICAL STREET ADDRESS (NO P.O. BOXES):	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
CUSTOMER SERVICE PHONE # (REQUIRED):	CUSTOMER SERVICE EMAIL ADDRESS:

APPLICANT INFORMATION	
APPLICANT NAME:	TITLE:
APPLICANT PHONE:	APPLICANT EMAIL

PRIMARY CONTACT	
NAME:	TITLE:
PHONE:	EMAIL:
SUBSCRIBE TO THE STATUS PAGE? YES NO	EMAIL FOR STATUS PAGE NOTIFICATIONS:

BUSINESS PROFILE		
TYPE OF OWNERSHIP:		OTHER (IF OWNERSHIP TYPE NOT LISTED):
YEARS IN BUSINESS:	FEDERAL TAX ID:	SSN (PROVIDE FOR SOLE PROP ONLY)

BUSINESS BANK INFORMATION	
SETTLEMENT BANK ACCOUNT INFORMATION TRANSIT ROUTING/ABA NUMBER (NINE DIGITS):	DDA/CHECKING ACCOUNT #:

APPLICANT SIGNATURE	DATE

PLEASE SUBMIT SIGNED APPLICATION DIRECTLY TO YOUR SALES REP OR EMAIL TO SALES@FORTE.NET

For office use Only	APPLICATION ID: _____	ISO ID: _____	SALES REP: _____
---------------------	-----------------------	---------------	------------------