

# HOMEDICS

## AUTHORIZED RESELLER QUESTIONNAIRE

Name of Company requesting to sell HoMedics's product line: \_\_\_\_\_

- Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Email Address: \_\_\_\_\_

- Account#: \_\_\_\_\_

Is this account a retailer, etailer, or both: \_\_\_\_\_

-If retailer, how many outlets/locations do you currently have: \_\_\_\_\_

-If etailer, please list sites on which your products are sold: \_\_\_\_\_

\_\_\_\_\_

Please list all business names that account conducts business under. Provide company name(s) and associated website addresses:

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**Note: If any business and/or website is not listed above and is unauthorized to sell HoMedics Products, and it is determined that those entities are owned or operated by applicant, all accounts are subject to immediate termination.**

Do any entities under this account use auction sites such as eBay? \_\_\_\_\_ Which Account(s):

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Do any entities under this account sell on Amazon Marketplace? \_\_\_\_\_ Which Account(s):

Has this account signed the HoMedics's MAP Policy? \_\_\_\_\_ Date Signed: \_\_\_\_\_

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### BELOW IS FOR HOMEDICS USE ONLY

**APPROVED:** Brick & Mortar \_\_\_\_\_ Online Retail \_\_\_\_\_

**DECLINED:** Brick & Mortar \_\_\_\_\_ Online Retail \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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