



TP-LINK AUTHORIZED RESELLER APPLICATION

Thank you for your interest in becoming an authorized reseller for TP-LINK products from one of our trusted Distributors. The following application process will help us determine your eligibility to join the TP-LINK Authorized Reseller Network. Please complete each of the below sections. Incomplete submissions cannot be processed.

RESELLER COMPANY INFORMATION	
1. <u>Company Information</u>	
Legal Company Name <i>(as submitted for tax reporting purposes)</i>	
DBA <i>(name by which business is conducted)</i>	
Address	Web URL
Phone Number	State <i>(or Country)</i> of Incorporation & Date <i>(year)</i> :
2. <u>Company Description</u>	
Type of Business <i>(please select all that apply)</i> :	
<input type="checkbox"/> B2B <input type="checkbox"/> Online <input type="checkbox"/> Retail Store <input type="checkbox"/> College Bookstore <input type="checkbox"/> Promotional or Incentive <input type="checkbox"/> Rent to Own <input type="checkbox"/> Value-Added Reseller (VAR) <input type="checkbox"/> Other: _____	
Do you plan to sell TP-LINK products on a marketplace sites <i>(including, but not limited to, Amazon, Best Buy marketplace)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you plan to sell TP-LINK products outside the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____	
Please list <u>all</u> of your online stores, if applicable:	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
Please list all of your brick & mortar stores, if applicable <i>(please add attachment if more space is needed)</i> :	
1. Store Name: _____	Phone Number: _____
Address: _____	
2. Store Name: _____	Phone Number: _____
Address: _____	
3. Store Name: _____	Phone Number: _____
Address: _____	
4. Store Name: _____	Phone Number: _____
Address: _____	



5. Store Name: _____ Phone Number: _____	
Address: _____	
RESELLER CONTACT INFORMATION	
3. Contact Person's Information	
Full Name and Title _____	
Address _____	E-mail _____
Phone Number _____	Fax Number _____

By signing this application, you confirm that you have read the TP-LINK Authorized Reseller Agreement and its Exhibit A—TP-LINK’s Unilateral Price Policy, both of which may be revised by TP-LINK from time to time. You agree to be bound by, and comply with, the terms and conditions of the TP-LINK Authorized Reseller Agreement upon TP-LINK’s approval of this application and your appointment as an authorized reseller of TP-LINK. By continue purchasing TP-LINK’s products from one of TP-LINK’s Distributors, you expressly agree to be bound by the terms and conditions of the latest TP-LINK Authorized Reseller Agreement. Authorized resellers may request the latest Unilateral Advertised Price List by sending an e-mail to UP.USA@TP-LINK.com.

You further represent and warrant that all information provided in this Application is true and correct as of the date set forth below.

Signature of Authorized Representative: _____
 Name: _____
 Title: _____
 Date: _____

Please return signed application to: retailsales.us@tp-link.com

FOR TP-LINK INTERNAL USE ONLY

Approved:	
Not Approved:	

By: _____
 Name: _____
 Title: _____
 Date: _____