HPFi

High Point, USA

Authorized Dealer / Reseller

Company and Contact Information

Date _____ Contract State _____ # _____

Dealer / Reseller Information

Company Name _____

Street Address _____

City / State / Zip _____

FEIN (Federal ID) _____ State Vendor ID _____

Contact Person _____

Title / Position _____

Telephone _____ Email Address _____

Web Address _____

Signature _____

Certifications (***where applicable***) with Documentation	Yes	No	Certification #
MBE (Minority Business Enterprise)	____	____	_____
WBE (Woman-Owned Business Enterprise)	____	____	_____
SDVOB (Service-Disabled Veteran Owned Business)	____	____	_____
VOB (Veteran Owned Business) 3rd-party certified	____	____	_____
SBE (Small Business Enterprise) *self-certified*	____	____	_____
HUB (Historically Underutilized Business)	____	____	_____

The Information below to be completed by HPFi Sales Representative

Dealer / ResellerAuthorized ***(where applicable)*** to:	Yes	No	N/A
Accept Order	____	____	____
Ship Direct	____	____	____
Provide Installation	____	____	____
Receive Payment	____	____	____

Dealer / Reseller Registered with State of _____

HPFi Sales Representative: _____ **Date:** _____

Signature

_____

Printed Name

HPFi Notes: