

Mobile Edge Preferred Reseller Application

Company name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

URL: _____

Primary contact: _____

Contact phone (if different): _____

Contact e-mail: _____

Type of clients your company works with (Please check all that apply):

☐ Pharm. ☐ Fortune 500 ☐ Financial ☐ Corporate ☐ Entertainment ☐ Other

If other, please explain: _____

What Industry Shows do you attend? _____

Marketing materials requested: (Please check all that apply)

☐ Catalog ☐ Digital Images ☐ Digital Logos