

## Reseller Application

To establish a Maple Leaf Center reseller account, please complete the following form:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this application with the Resale/Exemption Certificate Form by fax or mail to:

**Maple Leaf Center, Inc.**  
**270 Olde Pine Lane**  
**Wallingford, VT 05773**  
**Fax: (802) 446-3802**