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www.ddi-systems.com
www.kidcomputers.com
www.gamingpc.net
www.md-tronics.com
www.galaxytron.com

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DDI RESELLER MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name*:		
Date of birth*:	SSN or Tax ID*:	Phone*:
Current address*:		
City*:	State*:	ZIP Code*:
DBA or Company Name:		
Company address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Your Title:	How long has this company been in business? ____years ____months	
If referred by another reseller, please write their name and REP ID:		
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
SIGNATURES		
I authorize the verification of the information provided on this form and have read and signed the Digital Dimensions Reseller Contract.		
Signature of applicant*:		Date*: