



TAG Global Systems

TOMORROW'S TECHNOLOGY...TODAY!

Partnership Application

Please accept my application to participate in your partnership program as a reseller of your products. I acknowledge that my application will be reviewed and submission of this form does not automatically qualify me to be a reseller partner.

Company Name	
Company Street Address	
City, State or Province	
Zip or Postal Code	
Country	
Company Website	
Company Phone	
In what states/countries to does this company do business?	
What is the primary business of your company?	
Applicant Name	
Applicant Title	
Applicant Email	
Applicant Phone	
Where did you learn about TAG?	
Why are you interested in becoming a reseller partner for TAG Global Systems?	
This is the best time to reach me:	

Submit completed form to penny@tagglobalsystems.com

Thank you! Your application will be reviewed and we will be touch with you within 48 hours.