

SECTION B – COMPLETED BY THE RESELLER/DISTRIBUTOR (IF APPLICABLE)

INFORMATION ABOUT THE RESELLER/DISTRIBUTOR

Reseller/Distributor Name: _____

Reseller/Distributor Address: _____

(Note: No PO Boxes)

Point of Contact (POC) Name: _____

POC Email Address: _____

POC Phone Number: _____

By signing below, the Reseller/Distributor certifies that all information set forth herein is true, correct, and complete in all respects.

Signature: _____

Date: _____

Name: _____

Title: _____

(Note: If there is more than one Reseller/Distributor, each Reseller/Distributor must complete and return its own copy of Section B)

Internal Use Only:
PCB Employee Validating Form:
