

Reseller Partner Application

Please fill out the form below and fax your Reseller Partner Application to eFlex CMS at: 1-609-482-8395.

Your Full Name (Printed)

Email Address

Company Name

Phone Number

Your Position/Title

Your Industry (Marketing, Web, Advertising, Etc.)

Company Street Address

of Employees at Your Company
(1-10, 11-25, 26-50, 50+)

Company Street Address 2

Primary Vertical Markets Served
(HealthCare, Technology, Retail, Etc.)

Company City, State & ZIP

How Did You Find eFlex?
(Web search, Advertisement, Referral, Etc.)

If Referral, Who Referred You?

Memo to the eFlex Team: