



Submitting Distributor: _____

1. Does this account want access to Icom's Technical Support Center?
 Yes _____ No _____

2. Does this account want access to purchase parts, such as programming software, MMSI Dongles, and programming cables directly from Icom?
 Yes _____ No _____

Thank you for your interest in becoming an Icom Authorized Reseller. All Icom Authorized Reseller accounts require approval. Upon approval, Icom America will notify our Distributors of your status. Complete this application and email a signed PDF to: MarineReseller@IcomAmerica.com.

Reseller:

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

LAT: _____ LON: _____

Federal Tax ID #: _____

Type "Same" if the billing address is the same as the physical address; if not, please include billing address.

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Email Address: _____

Phone: _____ Fax: _____

Please list any other store locations on the last page of this form (additional store locations).



1. Are you currently an Icom Reseller? (One answer is required)

Yes _____ No _____

1a. If Yes, how much per year are your Icom sales? \$ _____

2. Please list any other company names under which you sell or operate:

Name: _____

Name: _____

Name: _____

3. Do you plan to sell Icom products via a Brick-and-Mortar retail store, an Internet Store, or both? (Check all that apply)

Brick-and-Mortar _____ Internet Store _____

Other _____

3a. If you plan on selling via the internet, list all e-commerce websites:

URL: _____

URL: _____

URL: _____

3b. Icom has an e-commerce policy that excludes internet auction sales. Are you currently selling via auction portals? (One answer is required)

Yes _____ No _____

3c. List any Third Party PLATforms that you currently sell products on:

Name: _____

Name: _____

Name: _____

4. List any Distributor that you currently purchase or intend to purchase Icom products from:

Name: _____

Name: _____

Name: _____



5. To best identify your current business model and strategy, please identify the services you support.

Installation:

Fixed Mount

- Radio
- Antenna

SSB

- Radio
- Antenna Tuner
- Antenna

Navigation

- Radar
- Other

5a. Service

- Fixed Mount
- SSB
- Navigation

6. Certifications

- Basic Marine Electronics Installer (MEI)
- Basic NMEA 2000 Installer
- Advanced Installer (AMEI)
- Advanced NMEA 2000 Installer
- Certified Marine Electronics Technician (CMET)
- NMEA Master Dealer

Approval Statement:

By submitting this application, you are agreeing to the terms and conditions of the Icom reseller program, that the information supplied in this application is true and correct. The parties agree to accept a digital image of this signed document as executed, as a true and correct original and admissible as best evidence to the extent permitted by a court with proper jurisdiction. You further agree that your signature below may appear digitally and is the legally binding equivalent of a traditional handwritten signature.

Signature of Applicant
(email is considered electronic signature)

Date



Additional Store Locations

Store Name/Number: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 LAT: _____ LON: _____

Store Name/Number: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 LAT: _____ LON: _____

Store Name/Number: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 LAT: _____ LON: _____

Store Name/Number: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 LAT: _____ LON: _____

Store Name/Number: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 LAT: _____ LON: _____

Submit this completed form to:
MarineReseller@IcomAmerica.com