



Reseller/Dealer Authorization Form



Model	Lumens	Resolution	Model	Lumens	Resolution	Model	Lumens	Resolution
ZK507-W	5000	4K-UHD	ZU606TST-W	6000	WUXGA	ZU920TST	9800	WUXGA
ZK750	7500	4K-UHD	ZU860	8500	WUXGA	ZU2200	22000	WUXGA
ZU506T-W	5000	WUXGA	ZU720TST	7000	WUXGA	ZU1900	19000	WUXGA
ZH507	5500	1080P	ZU725T	7800	WUXGA	ZU1700	17000	WUXGA
ZH606-W	6000	1080P	ZU820T	8800	WUXGA	ZU1100	11500	WUXGA
ZU606T-W	6000	WUXGA	ZU920T	9800	WUXGA			

This agreement includes all future ProScene models not listed below. *Check availability/lead times with Optoma.

Reseller Guidelines

- **Reseller agrees to MAP pricing only.** No Strike or mark throughs, mark outs, or promotional pricing allowed.
- **No online transactions including marketplace listings.**
- **No reselling of ProScene projectors to other resellers.** End user transactions only!
- **If an authorized dealer/reseller is found to have sold to another dealer/reseller, sells product online or violates MAP pricing guidelines, Optoma reserves the right to de-authorize the reseller with notice**
 - 1st violation – Dealer/reseller removes Optoma ProScene projectors from website
 - 2nd violation – Dealer/reseller loses ProScene authorization
- **Optoma reserves the right to approve this application.**
- **120 Day Probationary Period.** If there are no additional ProScene purchases within 120 days, Optoma reserves the right to rescind full authorization and approve future opportunities individually.

Account Contact Info

Account Name:		Contact Name:	
Address:		Title:	
City, ST, Zip:		Telephone:	
Website:		Email:	

Account Profile

# Of Offices?		# Sales People?		
What Geographic Territory do you cover?		What % of total business includes projectors?		
Top 2 Vertical Markets:	1.	Which Projector Lines are you direct with?		
	2.	What are your primary projector lines?		
What is your primary interest in ProScene? Select One		Is there a Pending Opening Order to this Application?	Qty	Model

Authorized Signatures

Account		Optoma	
Signature:		Signature:	
Print Name / Title:		Print Name / Title:	
Date:		Date:	

Distribution Rep

Acct Rep:		Email:	
Tel:			

EMAIL COMPLETED AND SIGNED FORM TO GI.MONTH@OPTOMA.COM FOR AUTHORIZATION APPROVAL CONSIDERATION.