



M i c r o N e t

Authorized Reseller Application

General Information

Company Name

Doing Business As (Dealer / Distributor Name)

Address

City

State

Zip Code

Country

Telephone Number

Fax Number

Email Address

URL Address

Parent Company (if affiliate / subsidiary)

Address

City

State

Zip Code

Country

Business Profile

Organizational Form : Corporation (State : Inc. Date :) Partnership Sole Proprietorship

Federal ID No.

D & B No.

Years in Business :

Accounts Payable Contact :

Phone No. :

Total Number of Employees :

In Inside Sales :

In Outside Sales :

In Service :

No. of Selling Locations :

(If you have multiple selling locations, please attach a list of addresses)

Current Annual Sales Volume :

Previous Year :

Next Year (projected) :

Key Company Personnel

(Note : if multiple locations, please provide this information for each location)

President :

Vice President(s) :

Marketing Manager

Accounting Manager :

Sales Manager :

Purchasing Manager :

Service Manager :

Financial/Credit Information

Bank Name: _____ Type of Account: _____ Acct. #: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Officer: _____ Telephone: _____

If less than two years with bank listed above, please list your previous bank:

Bank: _____ Officer: _____

Account Number: _____ Telephone: _____

Name of Landlord/Mortgage Holder: _____ Phone: _____

Business operated from: Commercial Building Home Own Rent Years at Location: _____

If less than two years at above location, please list your previous Landlord/Mortgage Holder:

Name of Former Landlord/Mortgage Holder: _____ Phone: _____

Business operated from: Commercial Building Home Own Rent Years at Location: _____

Credit Line Request

Amount Requested: _____ Terms Requested*: _____

* If requesting Net Terms, a copy of your company's latest Financial Statement is required. Audited statements are preferred.

Credit References

Company Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Contact: _____ Acct. #: _____ Telephone: _____

Company Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Contact: _____ Acct. #: _____ Telephone: _____

Company Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Contact: _____ Acct. #: _____ Telephone: _____

Company Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Contact: _____ Acct. #: _____ Telephone: _____

Fill out separate for each state.

Sales Tax Permit Information

Customer Name :

Cust. Acct. No.

Address :

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a signed resale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchase for resale. The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property as, for example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise. (If you have more than one resale number for multiple locations please attach a resale card for each number.)

I hereby certify that I hold valid seller's permit number _____ issued by the State of _____ and pursuant to the Sales and Use Tax Law of this state; that I am engaged

in the business of selling _____ that the tangible personal property described herein which I shall purchase from MicroNet Technology, will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased for resale : _____

Signature

Date

Name (Printed)

Title

Authorization

The statements and information provided in this application and in any attached documents are true and complete to the best of my knowledge. I also understand the following:

- Information submitted in this guide will be treated discreetly by MicroNet Technology
- Inaccurate and/or false information may be grounds for MicroNet Technology to terminate any future contractual agreements.
- MicroNet Technology may contact any person or business outlined in this application for the purpose of verifying the information submitted. By signing this document I do hereby authorize any such person or business referenced herein to release any information via telephone, FAX or mail to MicroNet Technology which they require to effect such verification.
- Applicant's signature attests to financial responsibility, ability and willingness to pay our invoices in accordance with the agreed-upon terms.

Name (printed)

Title

Date

Signature

When the application is completed please send to address below :

Attention : New Accounts Department



M i c r o N e t

19260 Van Ness Ave.
Torrance CA 90501
Sales Telephone : (310) 320-7272
Sales Fax : (310) 328-0202

This section must be complete or the application will not be processed.

Bank Authorization To Release Credit Information To **MicroNet Technology**

To : (Name of Your Bank)

Re: (Your Company)

Bank Fax No. _____

Bank Contact : _____

Phone No. _____

Checking Acct. # _____

Savings Acct. # _____

Loan # _____

Our company, _____, hereby authorizes our bank to release credit information on our accounts to **MicroNet Technology**. We are presently in the process of establishing credit with them. To expedite our credit application, please provide below all necessary information and fax back to :

MicroNet Technology
Fax # (310) 328-0202
Attn.: Credit Department

Authorized Signature : _____
Name and Title : _____
Date : _____

For Bank Use Only:

Checking #: _____ Rating _____ Opening Date: _____
Average Balance _____ 3 month _____ 6 month _____ 1- 9 Digits _____
Current Balance _____ 1-9 Digits (Low *Medium*/High _____
Savings #: _____ Rating _____ Opening Date: _____
Average Balance _____ Current Balance _____
Loan# _____ Loan Balance _____ Loan Date _____

Name and Title of Person Providing Information: _____

Signature _____ Date _____