

Company Information

REGISTERED COMPANY NAME: _____

OTHER COMMERCIAL NAMES: _____

DATE BUSINESS COMMENCED: _____ NUMBER OF EMPLOYEES _____

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

YOUR BUSINESS LOCATION: OWNED LEASED RENTED

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ FAX: _____

Website: _____

Federal Tax ID# _____ DUNS # _____

Sales contact1/email: _____, _____ Ph. _____, _____

Sales contact2/email: _____, _____ Ph. _____, _____

Technical contact/email: _____, _____ Ph. _____, _____

Purchasing contact/email: _____, _____ Ph. _____, _____

Payables contact/email: _____, _____ Ph. _____, _____

Name of principle officers:

NAME (1): _____ TITLE: _____

NAME (2): _____ TITLE: _____

Which of the following best describes your business:

- Retail Systems Integrator Consultant VAR Online Reseller
 Other _____

List other computer products that you sell and support:

1. _____
2. _____
3. _____

Select one that best describes your geographical area supported:

- Local (within a major metropolitan area) State/Province (multiple metropolitan areas within one state/province)
 Regional (multiple state/province) National (country wide) International (multiple countries)

List specific areas of coverage _____

Select the categories that best describe your market/application focus: (select all that apply)

- Manufacturing Utilities Security Kiosk/POS Transportation Health Care Government
 Other _____

What services does your company provide: (select all that apply)

- Design Installation/Upgrades Provisioning and commissioning Maintenance Technical Support
 Other _____

BANK REFERENCE:

NAME OF BANK: _____

ADDRESS: _____

ACCOUNT(S) #: _____

CONTACT PERSON: _____

PHONE #: _____ FAX#: _____

DATE ACCOUNT OPENED: _____

MAJOR SUPPLIER REFERENCES:

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE #: _____ FAX# _____

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE #: _____ FAX# _____

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE #: _____ FAX# _____

THE ABOVE INFORMATION IS SUBMITTED FOR THE PURPOSES OF OBTAINING CREDIT. THE UNDERSIGNED AUTHORIZES YOU TO MAKE SUCH INQUIRIES AS ARE NECESSARY TO OBTAIN CREDIT INFORMATION AND AUTHORIZES MY BANK, SUPPLIERS, AND CREDIT REFERENCES TO RELEASE INFORMATION REGARDING MY ACCOUNT(S).

I/WE AGREE TO PAY ALL LEGAL COSTS INCLUDING COLLECTION AGENCY FEES, COSTS, LEGAL COSTS, AND REASONABLE ATTORNEY'S FEES IF IT BECOMES NECESSARY TO ENFORCE COLLECTION OR FILE SUIT.

I/WE CERTIFY THAT EVERYTHING STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE,

DATE

PRINT NAME

AUTHORIZED SIGNATURE

Please fax completed application to: **416-946-1122**

Thank You!