

**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!**