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# RESELLER APPLICATION

APPLICATION  
ID CODE:

RUSA-01

BUSINESS NAME \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

FAX (     ) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Legal Structure of Business: Please Check One	Year Established
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	

Federal ID & Tax Status
FEDERAL TAX ID: _____ SALES TAX #: _____ <input type="checkbox"/> Sales Tax Exempt

**ADDITIONAL COMPANY OWNERS & OFFICERS:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

Type of Operation:	Brief Description of Business
<input type="checkbox"/> Retail <input type="checkbox"/> Internet <input type="checkbox"/> Catalog	

Annual Sales Volume	Duplicator Sales
<input type="checkbox"/> < 500k <input type="checkbox"/> 500k - 1 mil <input type="checkbox"/> 1 mil - 3 mil <input type="checkbox"/> > 3 mil	Annual Sales of Duplication Equipment _____

### Banking References

Bank Name                      Bank Contact                      Address                      Phone                      Account Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Trade Reference (complete or attach)

Business Name                      Contact                      Address                      Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN IS A REQUEST FOR THE EXTENSION OF CREDIT FOR COMMERCIAL BUSINESS USE ONLY AND APPLICANT CERTIFIES THAT THE FIRM S/HE REPRESENTS IS DOING BUSINESS AS A PARTNERSHIP, CORPORATION OR PROPRIETORSHIP. THE APPLICANT AUTHORIZES THE ABOVE NAMED CREDITOR TO OBTAIN A WRITTEN OR ORAL CREDIT REPORT FROM ANY CREDIT REPORTING AGENCY. THE APPLICANT FURTHER AUTHORIZES ANY BANK OR COMMERCIAL BUSINESS WITH WHOM THE APPLICANT IS DOING OR HAS DONE ANY TYPE OF BUSINESS TO GIVE ANY AND ALL NECESSARY INFORMATION TO THE CREDITOR WHICH WILL ASSIST CREDITOR IN THE CREDIT INVESTIGATION. THE APPLICANT FURTHER AUTHORIZES THE CREDITOR TO REINVESTIGATE THE APPLICANT'S CREDIT STATUS FROM TIME TO TIME AS THE CREDITOR DEEMS NECESSARY. SHOULD CREDITOR UPON SUCH REINVESTIGATION DEEM NECESSARY TO LIMIT OR TERMINATE THE CREDIT ARRANGEMENT WITH APPLICANT, SAID APPLICANT SHALL BE NOTIFIED IN WRITING AS TO ANY ADVERSE ACTION. SHOULD THE APPLICANT AT SOME FUTURE TIME DEVIATE FROM THE CREDITORS TERMS OF SALE, THE CREDITOR RESERVES THE RIGHT TO TERMINATE FUTURE EXTENSIONS OF CREDIT WITH APPLICANT. IN THE EVENT THIS ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, APPLICANT AND/OR GUARANTOR AGREES TO PAY THE SAID CREDITOR ALL COLLECTION FEES INCURRED AND AGREES TO WAIVER HOMESTEAD RIGHTS UNDER THE BANKRUPTCY ACT.

I, \_\_\_\_\_, HEREBY AGREE TO ABIDE BY THE

TERMS AND CONDITIONS AS A CREDIT CUSTOMER OF RECORDEX USA, INC.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

### Reseller Contact Information

**BILLING ADDRESS:**

Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

**SHIPPING ADDRESS:**

Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

**Company Web Address:** \_\_\_\_\_

**To Whose Attention Should Recordex Send The Following Items:**

	Name	Email Address	Phone Number
Pricing Updates	_____	_____	_____
Invoices	_____	_____	_____
Credit Questions	_____	_____	_____
Sales Leads	_____	_____	_____
Service Updates	_____	_____	_____

**INTERNAL USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_ CUSTOMER TYPE \_\_\_\_\_ SALES REP: \_\_\_\_\_  
 DATE ACCOUNT SETUP: \_\_\_\_\_ CREDIT TERMS ISSUES \_\_\_\_\_