



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: _____

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

To : (Name of Your Bank)

Re: (Your Company)

Bank Fax No. _____

Bank Contact : _____
Checking Acct. # _____
Loan # _____

Phone No. _____
Savings Acct. # _____

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 _____