

Reseller application



Applicant	E-mail
Business Name (If different from Applicant Name)	Phone
Address	Fax
City State / Province	Zip Code
Nature of Business	Date Started

- Check one:
- Proprietorship
 - Partnership
 - Corporation
 - Limited Liability Co.
 - Other

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Signature: _____ Date: _____

Suppliers/Trade References (related industry purchases during past 12 months)

Name	Phone	Fax
Acct #		
Name	Phone	Fax
Acct #		
Name	Phone	Fax
Acct #		

- Purchase Orders Required
- D & B #
- DO YOU ISSUE PO #
- Yes
 - No

Key Company Contacts

Accounts Payable:
Controller/VP Finance:
Sales Manager:
Purchasing Manager:

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Names of Owner(s), Officer(s) or Persons responsible for account

_____ Phone / email information _____

_____ Phone / email information _____

Indicate your company's primary business

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aggregator/Master Reseller | <input type="checkbox"/> Exporter | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Technical Service/Support VAR |
| <input type="checkbox"/> Buying Group | <input type="checkbox"/> Franchisee/Affiliate | <input type="checkbox"/> OEM | <input type="checkbox"/> VAD |
| <input type="checkbox"/> Corporate Reseller | <input type="checkbox"/> Franchiser | <input type="checkbox"/> Rental | <input type="checkbox"/> VAR |
| <input type="checkbox"/> Direct Marketer | <input type="checkbox"/> Interconnect | <input type="checkbox"/> Retail | |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Internet Service Provider | <input type="checkbox"/> Systems Integrator | |

Indicate your company's annual purchases through distribution: _____

Estimated Quarterly Purchasing Total for APG Products _____

Indicate the number of employees your company employs: _____

Indicate how many locations you have: _____

Do you have locations outside of Canada or the U.S. ? _____

If "yes" please indicate locations _____

Indicate which method of marketing correspondence you would like to receive:

- Mail Fax Email None

Indicate your company's primary markets:

Markets

- Education/Academic Corporate (Fortune 1000)
 Home / Residential Government

Vertical

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting/Banking/Financing | <input type="checkbox"/> Home/Entertainment/Recreation/Hospitality | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Healthcare/Medical/Dental/Pharmacy | <input type="checkbox"/> Publishing/Printing |
| <input type="checkbox"/> Business/Office | <input type="checkbox"/> Insurance/Real Estate | <input type="checkbox"/> Pos |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation | <input type="checkbox"/> Utilities |

Indicate which products your company purchases most often:

- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Pro Video | <input type="checkbox"/> Consumer / Residential Video | <input type="checkbox"/> Plasma / LCD |
| <input type="checkbox"/> Pro Audio | <input type="checkbox"/> Consumer / Residential Audio | <input type="checkbox"/> Projection |

Indicate the sales method your company uses most often:

- Catalog/Advertising Online/WWW Outside Sales Inside Sales/Telemarketing

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APPLICATION FOR RESELLING STATUS

THE INFORMATION REQUESTED ON THIS APPLICATION IS FOR THE PURPOSE OF OBTAINING COMPANY INFORMATION for the PURPOSE OF RESELLING PRIVILEGES FROM ADVANCED PRODUCTS GROUP (APG). APPLICANT.

Terms of Sale, including price, terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. Should APG extend terms, APG may then terminate any credit availability within its' sole discretion. We further agree that if the merchandise ordered shall be paid in the following manner - *50% deposit within (7) days of signed order confirmation, with the balance of 50% to be paid prior to delivery.*

Signed _____ Title (If corporation) _____ Date _____

(*Must be signed by an officer of corporation or owner for application to be processed)
GUARANTEE AGREEMENT

Please submit this application by fax to 905-502-0040

Advanced Products Group

59 - 450 Matheson Blvd. East. Mississauga, ON Canada L4Z1R5

905-502-1110 • 1-800-436-6239

www.apgdisplays.com