



# RESELLER APPLICATION

## Company & Contact Information (all dealers should complete this section)

**Company Operating Name:** \_\_\_\_\_

**Company Legal Name:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_

In business since: \_\_\_\_\_ Credit Line Requested: \_\_\_\_\_ Gross Sales LY \$ \_\_\_\_\_

URL http:// \_\_\_\_\_ Main E-mail Address: \_\_\_\_\_

**Authorized Purchaser:** \_\_\_\_\_ E-mail: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payables Contact:** \_\_\_\_\_ E-mail: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bill-to Address:** \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Ship-to Address Same As Above*

**Ship-to Address:** \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

My signature below indicates that I have read and understand Ever Corporation's Return Procedure, Restocking and Credits Policy (attached). I certify that I am purchasing Ever Corporation products for resale and that the above information is complete and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# RESELLER APPLICATION

## Ontario Retail Sales Tax Exemption (please complete if located in Ontario)

Under the provisions of The Retail Sales Tax Act, \_\_\_\_\_  
*Your Company Name*

claims exemption from tax on the following items of tangible personal property and on the following taxable services: *Computers & computer accessories, batteries, power supplies, inverters, chargers, conditioners, UPS systems, electrical parts, software, wireless & telecommunications hardware, battery testing & analyzing, mobile workstations & kiosks, alternative energy systems.*

8-Digit Ontario Vendor Permit PST # \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Options Credit Card / COD (all new applicants should complete this section)

For customers who have not established an account, orders are payable by VISA, MasterCard, American Express or COD courier.

VISA    MasterCard    AMEX    C.O.D. COD Charge \$12.00 (Freight PPC Only)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name Imprinted on Card: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Authorizer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorizer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing the authorization section, the Company above acknowledges and agrees to be financially responsible for any and all charges incurred by its employees. The Authorizer hereby warrants and represents he/she has the authority to legally bind the Company as set forth herein. The authorization will remain active until the expiration of the credit card. The Company is responsible to promptly notify Ever Corporation (Canada) Ltd., in writing, in the event that an employee is no longer authorized to charge purchases to the above credit card or in the event that the card is no longer to be used. Thank you for your assistance in keeping the integrity of our records and helping us to continue to provide superior customer service.



# RESELLER APPLICATION

## Credit Application (Trade & Bank References (not required if paying by credit card or COD on a per order basis))

Orders are payable by VISA, MasterCard, American Express, or COD. Only customers with an established account for **one year** with Ever Corporation Ltd. may apply for credit.

A 180 day probationary period is in effect once credit is approved. All invoices are due and payable in full on/before the 30th day from the date of the invoice (Net 30). Administration charges of 2% per month are charged on overdue accounts. Inactive accounts will revert to Credit Card or COD after 6 months unless updated credit info is provided (please call for a new credit application.)

Please provide information on 3 suppliers with whom you have a line of credit and who would be willing to share credit information with Ever Corporation Ltd. If your supplier has provided you with a recent letter (within 2 months) stating your credit status then please attach a copy. Please do not reference couriers, printers or office supply companies as we are unable to use references from these suppliers. Note: many national distributors will not share credit information on your company. To avoid delays in processing your application, please provide alternate references, or request a letter of credit status from your supplier.

**1 Supplier:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Account#: \_\_\_\_\_ City/Province or State/Country: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2 Supplier:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Account#: \_\_\_\_\_ City/Province or State/Country: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3 Supplier:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Account#: \_\_\_\_\_ City/Province or State/Country: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Bank Reference

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify the above information is complete and accurate. I authorize Ever Corporation Ltd. to contact our references and verify credit and banking info. If extended credit, I agree to pay within the terms set out on the invoice(s). I have read, understood, and agree to the above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_