

Reseller Application Form

- Cash Account -



The Customer named below hereby applies to exeed Ltd to be a reseller on the following terms and conditions:-

1. That all sales of Products from exeed to the Customer for the purpose of resale or otherwise are made in accordance with the attached Terms and Conditions of exeed, which may be varied from time to time.
2. That the information provided by the Customer to exeed, including the information stated below, is complete and correct and that the Customer shall immediately notify exeed of any change in any of the details provided to exeed by the Customer in this application.

I/We hereby apply to be a reseller for exeed Pty Ltd. The information provided in this application is accurate to the best of my knowledge.
All Terms and Conditions herein are fully understood and agreed.

Please print out and fill in all details in the spaces provided and return to exeed Limited:

Via Fax: 09 302 2145

Via e-mail: operations@exeed.co.nz

Via Post: P.O. Box 137 046, Parnell, Auckland

CUSTOMER DETAILS ("the Customer")

Company/Business Name:

Trading Name:

Company Number:

Street Address:

Suburb/City:

Website:

Tel No:

Fax No:

Current Monthly Turnover:

Date Business Commenced Trading: ___ / ___ / _____

Nature Of Company:

Limited Company

Pty Ltd Company

Sole Trader

Public Company

Trust Partnership

Principal Business Premises:

Retail Shop

Office Warehouse

Other:

Branch Location(s):

1. Street Address:

Suburb: Postcode:

2. Postal Address:

CONTACT DETAILS

Principal Contact:

Title:

E-mail:

Accounts Payable contact:

E-mail:

Sales Manager:

E-mail:

- I wish to receive exceed's weekly newsletter detailing new product releases, special pricing and product promotions.

If you have additional e-mail addresses you would like to be added to exceed's mailing database, please list them below.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS NATURE

Business type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Regional reseller | <input type="checkbox"/> Corporate reseller | <input type="checkbox"/> Consulting Services |
| <input type="checkbox"/> Government/Education reseller | <input type="checkbox"/> Systems integrator | <input type="checkbox"/> SME reseller |
| <input type="checkbox"/> Internet Service Provider | <input type="checkbox"/> Value added reseller | |
| <input type="checkbox"/> Other (please specify) | | |

PAYMENT DETAILS

Card Type:

- MasterCard VISA

Credit Card Number:

Expiry Date: ___ / ___

Signature: _____

Print Name:

I/WE, THE UNDERSIGNED, AGREE TO TRADE UNDER THE TERMS AND CONDITIONS OUTLINED IN THIS DOCUMENT AND I/WE WARRANT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.

SIGNED ON BEHALF OF AND WITH THE AUTHORITY OF THE CUSTOMER:

1.

Signature

Print Name

Title

2.

Signature

Print Name

Title

DATED AND SIGNED ON: ___ / ___ / _____