



SERIAL SCIENTIFIC INTERNATIONAL, Inc.

Official Authorized Reseller Application

Instructions

Please complete this application if you wish to become a SERIAL SCIENTIFIC INTERNATIONAL, Inc. (SSI) Authorized Reseller. If you have any questions, please contact your Distribution Sales Representative or SSI Distribution Account Manager. Send completed application (with appropriate signatures) to your appropriate Distributor Sales Representative or Fax in the USA to (407) 695-1319.

Section 1. Company Profile

Business name: _____

Tax ID #: _____ Reseller ID#: _____ (Please attach a copy of Reseller Tax Exempt Certificate.)

Nature of business: Corporation Partnership Subsidiary or Branch -office Sole Proprietorship

Website address: _____ Dunn & Bradstreet Number _____

How many years in business under this name? _____ Year Established: _____

1a. Mailing and Billing Address:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

1b. Shipping Address (No P.O. Boxes):

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Is this the primary location? Yes No Are there branch locations? Yes No How many: _____
(Please provide list of locations on an attached document.)

Are you a subsidiary of any other companies? If yes please list: _____

Please classify your organization Reseller Online Web Store Retail Store

How many employees do you have in your company in the following areas? Please enter quantity of each that applies.

General Management: _____ Inside Sales: _____ Outbound Sales: _____ Total number of employees _____

Section 2. Contact Information:

Primary Telephone #:

Fax #:

Web Site URL:

Principal Contact:

Title:

Phone #:

Ext

E-mail Address:

Technical Contact:

Title:

Phone #:

Ext

E-mail Address:

Accounts Payable Contact:

Title:

Phone #:

Ext

E-mail Address:

Section 3. Reseller Profile:

1. What is your approximate annual sales revenue?

 <\$1M \$1M - \$5M \$5M - \$10M \$10M - \$20M >\$20M

2. What percentage of total revenues do the following items contribute?

Hardware sales: _____% Software sales: _____% Service: _____% Network installation/support: _____%

Help desk/online support: _____% Software Development: _____% Consulting: _____% Training: _____%

3. Which of the following best describes your primary business?

 Distributor Reseller VAR Network Integrator Systems Integrator Software Integrator Software Developer Consultant On-line Reseller Dealer/Storefront/Retail

4. What are your current sales channels? Please check all that apply

 Direct Sales Telesales Reseller OEM Other

5. Which of the following types of companies do you typically target? Please check all that apply.

 <100 employees 100-500 employees >500 employees Fortune 500 companies

6. Which of the following are your target markets?

 Commercial Consumer Education Government Other

7. Which vertical markets do you sell to?

 Financial Manufacturing Telecom Healthcare Human Resources Other (please list) _____

Section 4. Terms Requested:

Wire transfer / Prepayment Credit Card COD Cashiers Check COD Company Check Company Check Net

NOTE: For Non -USA Companies Prepay, Credit Card or wire transfer terms only.

Companies requesting COD Company Check, Company Check or net terms must fill the Authorization to Release Information Form:

Section 5. Application Review:

This application is being submitted for the sole purpose of becoming a Serial Scientific International, Inc. Authorized Reseller. The Applicant understands and agrees that this application does not ensure that the Applicant will be chosen as an authorized reseller.

If you have questions, contact us at reseller@e-securion.com

Section 6. Authorized Signature:

By signing below, the applicant warrants that they have the authority to submit this information for the purpose of entering into an agreement and that the information provided in this application is accurate and true. If the information is determined to be inaccurate, the applicant acknowledges and agrees that Serial Scientific International, Inc, at any time and at its sole discretion, may terminate the applicant as an approved Serial Scientific International, Inc Reseller. Furthermore applicant agrees to keep their profile information updated if it changes or as requested from time to time by Serial Scientific International, Inc.

Signature: _____ Title: _____

Name (print): _____ Date: _____

**Please fax the completed form to Serial Scientific International, Inc. 407-695-1319
Or email to resellers@e-securion.com**

For SSI Internal Use Only - DO NOT write below this line –

Application Submission

- Application Check List:
- Completed Application (this document)
 - Signed Reseller Agreement
 - Copy of Reseller Tax Exempt Certificate
 - Copy of Voided Company check when applicable
 - Other -supporting documentation as outlined (if applicable for credit check)

Approved: Yes No

X _____ / ____ / ____
Account authorized signature Print Name Title Date

Assigned Customer Code:

Please Print and fill out one authorization for each bank that you use

Authorization to Release Information

***Privacy Act Release**

We are currently in the process of establishing trade credit with Serial Scientific International, Inc. We acknowledge the current privacy act and therefore authorize you to release all necessary information as requested below in regards to all account (s) and/or credit information. This release remains valid for the life of my business relationship with SSI, Inc. Please provide the requested information directly to SSI, Inc., regardless of any passed Privacy Acts. Please reply via fax to expedite your credit application.

Customer to fill out this portion

Business Name: _____

Name of Bank: _____

Bank Contact Person: _____

Bank Phone: _____

Ext _____

Bank Fax: _____

Checking account number: _____

Loan/Other account number: _____

X _____ / ____ / ____
Account authorized signature Print Name Title Date

Thank you for completing the Reseller Application. We will process your request and contact you ASAP.

For Bank Use Only - DO NOT write below this line -

Checking Account:

Checking account number _____ Date Opened: ____ / ____ / ____

*Average balance for last 6 months: \$ _____ Any NSF checks? Yes No How many _____

*Average balance for last 30 days: \$ _____ Any NSF checks? Yes No How many _____

Other Account: 2nd Checking [] Savings [] Other [] Explain: _____

Account number _____ Date Opened: ____ / ____ / ____

*Average balance for last 6 months: \$ _____ Any NSF checks? Yes No How many _____

*Average balance for last 30 days: \$ _____ Any NSF checks? Yes No How many _____

Loan Account:

Loan account number _____ Date Opened: ____ / ____ / ____

*Original Loan amount: \$ _____ Outstanding loan amount: \$ _____

*Does loan history show any payments over 30 days late within the last 6 months? Yes No How many _____

Comments: _____

X _____
Authorized Bank Personnel Signature Print Name Title Date