



1645 Energy Park Drive
Suite 200
St. Paul, MN 55108

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www.nowmicro.com

Reseller Application and Agreement

Full Legal Business Name: _____	
Contact Name: _____	
Mailing Address: _____ _____	
Ship to Address: _____ _____	
AP Contact: _____	
Phone: _____	Fax: _____
Email Address: _____	

NMI Account Rep: _____
Phone: _____
Fax: _____
E-mail: _____

Company Information

Federal Tax ID #		D&B #		State Resale ID #	
Form of Business: <input type="checkbox"/> corporation <input type="checkbox"/> sole proprietor <input type="checkbox"/> partnership <input type="checkbox"/> limited partnership		Business Operated From: <input type="checkbox"/> office building <input type="checkbox"/> residence <input type="checkbox"/> store front		Do you: <input type="checkbox"/> own <input type="checkbox"/> rent	
No. of Years in Business: _____	No. of years at Present Location: _____	Has your company ever declared Bankruptcy? <input type="checkbox"/> no <input type="checkbox"/> yes	If yes, when? _____		
If your company is a SUBSIDIARY or DIVISION please fill out information below:					
Parent Company Name and Address _____ _____					
AP Contact and Title _____					
Phone: _____		Fax: _____		Email: _____	

Ownership Information (Key Principals)

Name: _____	Name: _____
Title: _____	Title: _____
DOB: _____	DOB: _____
Business Phone: _____	Business Phone: _____

Individual Continuing Guarantee

I, _____, residing at _____ for and in consideration of your extending credit at my request to _____ (herein after referred to as the "Company"), of which I am _____ hereby personally and unconditionally guarantee to you and the payment at Now Micro, Inc. in the state of Minnesota any obligation of the Company now existing or hereinafter anytime created and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice hereof and consent to any modification or renewal of credit agreement hereby guaranteed.

Name: _____ Title: _____
Signature: _____ Date: _____

The following MUST be completed in it's entirety for account consideration

Bank Information	bank name & address	account #	phone	fax
checking				
savings				
line of credit				
loans				

Now Micro, Inc. is authorized to contact the above listed financial institution(s) for credit/deposit information

A copy of this application shall serve as a release to permit above listed to disclose information about our company to Now Micro, Inc.

SIGNATURE _____ TITLE _____ DATE _____

Industry Credit References

Company: _____	Contact: _____
Address: _____	Phone: _____
_____	Fax: _____
Company: _____	Contact: _____
Address: _____	Phone: _____
_____	Fax: _____
Company: _____	Contact: _____
Address: _____	Phone: _____
_____	Fax: _____

Current Financial Statement

Along with this application please submit your company's most current financial statement(s) to include a P&L and balance sheet

This application is for: Net Terms COD/Company Check Credit Card

If net terms: **Credit Amount Requested** _____

Terms and Conditions

The information above is true and correct.

We hereby agree to pay by the terms listed on each Now Micro Inc. invoice.

We will pay a minimum of \$25.00 service charge in the event that any check written by us is dishonored for any reason.

We agree to pay all collection fees, reasonable attorney fees, court costs and other expenses incurred by Now Micro, Inc. during collection procedures.

I understand that all sales and other transactions between us will be governed by the laws of the State of Minnesota, Ramsey County and any dispute arising from our business relationship will be litigated exclusively in the Courts of Minnesota, Ramsey County. I consent to the jurisdiction of Minnesota Courts.

The undersigned agrees to provide Now Micro, Inc. with a sales tax exempt form prior to receiving exempt status.

The undersigned agrees to act as guarantor for all debts incurred both now and in the future by the Company, Organization, Persons, or Corporations who have signed this credit agreement and have been extended credit both now and in the future.

Guarantee cannot be revoked or rescinded if any balance remains outstanding.

The undersigned agrees to the terms and conditions stated herein.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name _____ Project description _____

Please print	Name of purchaser _____			
	Business address _____	City _____	State _____	Zip code _____
	Purchaser's tax ID number _____		State of issue _____	Country of issue _____
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____ <i>state of issue number</i>	
	Name of seller from whom you are purchasing, leasing or renting _____			
	Seller's address _____	City _____	State _____	Zip code _____

Type of business. Circle the number that describes your business.

- | | | |
|-------------------------|---|--|
| Type of business | 01 Accommodation and food services | 11 Transportation and warehousing |
| | 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| | 03 Construction | 13 Wholesale trade |
| | 04 Finance and insurance | 14 Business services |
| | 05 Information, publishing and communications | 15 Professional services |
| | 06 Manufacturing | 16 Education and health-care services |
| | 07 Mining | 17 Nonprofit organization |
| | 08 Real estate | 18 Government |
| | 09 Rental and leasing | 19 Not a business (<i>explain</i>) _____ |
| | 10 Retail trade | 20 Other (<i>explain</i>) _____ |

Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | | |
|-----------------------------|--|--|
| Reason for exemption | A Federal government (<i>department</i>) _____ | I Industrial production/manufacturing |
| | B Specific government exemption (<i>from list on back</i>) _____ | J Direct pay permit # _____ |
| | C Tribal government (<i>name</i>) _____ | K Multiple points of use (<i>services, digital goods, or computer software delivered electronically</i>) |
| | D Foreign diplomat # _____ | L Direct mail |
| | E Charitable organization # _____ | M Other (<i>enter number from back page</i>) _____ |
| | F Religious or educational organization # _____ | N Percentage exemption |
| | G Resale | <input type="checkbox"/> Advertising (<i>enter percentage</i>) _____ % |
| | H Agricultural production | <input type="checkbox"/> Utilities (<i>enter percentage</i>) _____ % |

Sign here I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____