



RESELLER APPLICATION

Internal Use

Acct #: _____

Sales Rep: _____

211 Century Drive, Suite 100-B • Greenville, South Carolina 29607 • Phone: (866) 944-5164 • FAX: (864) 235-7688

BUSINESS INFORMATION

LEGAL BUSINESS NAME: _____ PRINCIPAL: _____

DOING BUSINESS AS: _____

MAIL ADDRESS: _____
Street City County State Zip

SHIP TO ADDR: _____
Street City County State Zip

PHONE: (____)____-____ FAX: (____)____-____ FEDERAL TAX ID #: _____

EMAIL: _____ WEB SITE: _____

BUSINESS TYPE: CORPORATION in the state of _____ PARTNERSHIP in the state of _____ PROPRIETORSHIP YEAR ESTABLISHED: _____

BUSINESS PROFILE

TOTAL EMPLOYEES: _____ SALES REPS: _____ SERVICE TECHS: _____ SUPPORT HOURS: _____

AREA SERVICED: _____

PRODUCT LINES CARRIED: _____

ANNUAL SALES (\$): _____ TOTAL SYSTEMS INSTALLED: _____ RETAIL: _____% HOSPITALITY: _____% OTHER: _____%

PURCHASE PROJECTIONS [Use this section to indicate the projected purchases (in USD) for the next four calendar quarters]

1ST QUARTER: \$ _____ 2ND QUARTER: \$ _____ 3RD QUARTER: \$ _____ 4TH QUARTER: \$ _____

BANK INFORMATION

NAME OF BANK: _____ PHONE: (____)____-____

ADDRESS: _____
Street City State Zip

DEPOSIT/CHECKING ACCOUNT #: _____ TOTAL LOC: _____ AVAILABLE LOC: _____

CREDIT REFERENCES

1) NAME: _____ CONTACT: _____ PHONE: (____)____-____

2) NAME: _____ CONTACT: _____ PHONE: (____)____-____

3) NAME: _____ CONTACT: _____ PHONE: (____)____-____

OWNERS, OFFICERS, GUARANTORS

1) NAME: _____ TITLE: _____ % OWNERSHIP: _____

2) NAME: _____ TITLE: _____ % OWNERSHIP: _____

3) NAME: _____ TITLE: _____ % OWNERSHIP: _____

The Owners/Partners/Guarantors recognize that their business and individual credit histories may be a factor in the evaluation of this application and, thus, authorize NCC or its designee to investigate the business and their personal credit status. This includes obtaining account information from banking institutions, credit references and using consumer credit reports from time to time in the credit evaluation and collection process.

By signing below, I attest to the correctness of the information contained in this application and am duly authorized to execute such agreements on behalf of the business.

SIGNED: _____ Print: _____ DATE: _____