

**East:**

30727 BEVERLY, ROMULUS, MI 48174
 TOLL FREE: (800) 622-9606
 PHONE: (734) 641-6700 • FAX: (734) 641-6767

West:

2731 CRIMSON CANYON DR, LAS VEGAS, NV 89128
 TOLL FREE: (800) 344-3371
 PHONE: (702) 228-3670 • FAX: (702) 228-3671

RESELLER & CREDIT APPLICATION

I/WE herein make application to QVS for credit and/or to update and reconfirm our existing account and balance with QVS. Applicants give their permission to QVS to verify the information stated herein. If credit is granted, I/WE promise to pay all bills rendered within the terms set forth by the QVS Credit Department. Please complete this form and fax or mail to QVS.

COMPANY NAME: _____

BUSINESS NAME (DBA): _____ STATE RESALE #: _____

CONTACT NAME: _____ EMAIL ADDRESS: _____

PHONE #: _____ FAX #: _____

ADDRESS: _____ STE/APT/BLDG #: _____

CITY/STATE/ZIP: _____

TYPE OF BUSINESS: _____ HOW LONG: _____ (YRS.)

FED ID #: _____ D&B#: _____ PARTNERSHIP PROPRIETORSHIP INC. CORP. WHAT STATE: _____

IF LESS THAN ONE (1) YEAR, PREVIOUS ADDRESS: _____

COMPANY BANK: _____ ACCT #: _____

BRANCH: _____ CONTACT: _____

ADDRESS: _____ CITY/STATE: _____ PHONE #: () _____

TRADE REFERENCES:

NAME: _____ CONTACT: _____

PHONE #: _____ FAX #: _____

ADDRESS: _____ STE/APT/BLDG #: _____

CITY/STATE/ZIP: _____ TERMS: _____

NAME: _____ CONTACT: _____

PHONE #: _____ FAX #: _____

ADDRESS: _____ STE/APT/BLDG #: _____

CITY/STATE/ZIP: _____ TERMS: _____

NAME: _____ CONTACT: _____

PHONE #: _____ FAX #: _____

ADDRESS: _____ STE/APT/BLDG #: _____

CITY/STATE/ZIP: _____ TERMS: _____

COMPANY OWNED REAL PROPERTY: No Yes

COMPLETE ADDRESS (IF DIFFERENT FROM ABOVE): _____

AUTHORIZED PEOPLE TO PURCHASE: _____

PURCHASE ORDER(S) REQUIRED: No Yes

REQUESTED CREDIT LINE: \$ _____	EST. MONTHLY PURCHASES: \$ _____
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QVS REPRESENTATIVE: _____

PRINCIPALS OF COMPANY:

NAME: _____ SS #: _____

ADDRESS: _____

TITLE: _____ OWN RENT

NAME: _____ SS #: _____

ADDRESS: _____

TITLE: _____ OWN RENT

DEFAULT AGREEMENT - CORPORATION:

In the event payment is not made and this account is referred for collection, I/WE will pay the cost of collection equal to a minimum amount of twenty-five percent of the principal amount except limited by local law. I/WE understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, I/WE promise to pay reasonable attorney fees in said suit or action. It is understood that all billing of accounts receivables & credit are processed through headquarters in Wayne County, MI. It is understood that in the event of a suit or action, it is understood that Wayne County, MI, at the option of QVS is the venue for litigation. I/WE understand that I/WE are waiving our right to litigate outside of Wayne County, MI.

SIGNED: _____ DATE: _____

TITLE: _____

PROPRIETOR/OWNER:

I/WE undersigned agree to guarantee payment of all sums due and owing. I/WE understand that venue is as stated above and this continuing guarantee shall not be revoked except by 90 days advance written notice to QVS.

GUARANTOR: _____ DATE: _____

GUARANTOR: _____ DATE: _____

SHIPPING ADDRESS:

Please specify if shipping address is different than the billing address:

ATTENTION TO: _____

ADDRESS: _____ STE/APT/BLDG #: _____

CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

PLEASE COMPLETE OUR BRIEF SURVEY:

How did you hear about us? INTERNET MAGAZINE CONVENTION RETAIL
 BROADCAST FAX BROADCAST EMAIL REFERRAL: _____

Product Interest CATEGORY 5 & 6 CISCO CABLES CRT/VIDEO DATA LINE SURGE PROTECTORS
 DATASWITCHES TOKEN RING FIBER OPTICS FIBRE CHANNEL
 FIREWIRE INTERNAL CABLES KVM SWITCHES MAC CABLES & ACCESSORIES
 MULTIMEDIA A/V PARALLEL PERIPHERAL SHARING PC ACCESSORIES & TOOLKITS
 POWER PROTECTION SCSI SERIAL USB
 OTHERS: _____

Note: As a QVS reseller, you will receive product news and promotions either by mail, fax or email.



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UNIFORM SALES & USE TAX CERTIFICATE FORM

MUST BE COMPLETED. IF TAXABLE-WRITE TAXABLE IN SPACE FOR TAX NUMBER

SALES AND USE TAX CERTIFICATE MULTI-JURISDICTION

ISSUED TO (SELLER): QVS

I CERTIFY THAT

FIRM NAME:

ADDRESS:

CITY

STATE

ZIP

PHONE

FAX

WHOLESALER

RESALER

MANUFACTURER

LESSOR

OTHER (SPECIFY)

is registered with the below states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

STATE	SALES TAX NO.	STATE	SALES TAX NO.	STATE	SALES TAX NO.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale Tax or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified and shall be valid until canceled by us in writing or revoked by the city or state.

General description of the products to be purchased from seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter:

Authorized Signature (Owner/Partner/Corporate Officer)

Title

Date