

You may type information directly onto this form & print
Use this Cover Sheet to return your information to Promark Technology
Please allow 2-3 business days for processing



To: Promark Technology New Business Development

E-Mail: Credit@promarktech.com

From:

Company Name _____ **Main Contact** _____

Phone Number _____ **Fax Number** _____

Checklist: The following must be completed before application will be processed.

<input type="checkbox"/> Fully completed, dated, & signed Reseller Application (Pages 2 thru 5)	<input type="checkbox"/> Financial Statements (Optional)
<input type="checkbox"/> Complete and signed Uniform Sales & Use Tax Certificate-Multijurisdiction for each state in which you are registered (Page 7)	
<input type="checkbox"/> Other _____	

RESELLER APPLICATION

Account Number
(For Office Use Only)

Section 1 – Business Information

Do you now or have you ever had a Promark Account <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual sales revenue of your business Account # _____	
Legal Business Name (As it appears on Business License)			
Business Trade Name – DBA (Required if using a DBA Name)			
Business Street Address (Must be actual location of business. No P.O. Boxes)	City	State	Zip
Billing Address <input type="checkbox"/> Same as Business Address	City	State	Zip
Shipping Street Address <input type="checkbox"/> Same as Business Address	City	State	Zip
Business Website Address			
Business Phone Number (Land Line)	Cell Phone #	Business Fax #	Business Toll Free #
Date Business Established			
Fed Tax ID#			
D & B# (If Known)			
Authorized Purchaser			
Email Address			
Authorized Purchaser			
Email Address			

Terms Requested <i>*Please choose your preferred method of payment. Regardless of payment terms selected, application processing will not be delayed.</i>	<input type="checkbox"/> Net Terms (Will require Promark review and approval.) Credit Limit Amount Requested \$ _____ <input type="checkbox"/> Credit Card (Discover, Mastercard & Visa only) or Prepay Wire Transfer
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This Company is (check one)	<input type="checkbox"/> Public, Stock Symbol _____ If subsidiary of Public Co. Parent Co. Name: _____ <input type="checkbox"/> Private
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Public Companies-Skip to Section 4

Private Companies – Complete the rest of this section

- ☐ C-Corp, State of Incorporation (Insert Drop down Menu States)
- ☐ S-Corp, State of Incorporation(Insert Drop down Menu States)
- ☐ LLC
- ☐ Sole Proprietorship
- ☐ Partnership

Name of Parent Company (if applicable)

Name of Subsidiaries (If applicable) (or attach list)

Section 2 – Owner Information

Customer Agrees to Notify Promark of any changes of ownership of it's business within ten (10) days, as set for the herein by certified mail to the following address: Promark Technology ,10900 PumpHouse Road Suite B, Annapolis Junction, MD 20701

2A -List all owners with 25% or greater ownership in business, in order by greatest ownership percentage. If there are no owners with 25% or more ownership check here ☐

Owner 1 Name	Percentage of Ownership	%
Owner 2 Name	Percentage of Ownership	%
Owner 3 Name	Percentage of Ownership	%
Owner 4 Name	Percentage of Ownership	%

2B-Personal Credit Information of Owners

Required : if Company is a Sole Proprietorship or Partnership

Optional: if Company is requesting net terms and is not a Sole Proprietorship or Partnership and would like Promark to consider the personal credit of the owner (s) in their evaluation.

The undersigned individual (s), who is/are the principal(s) of the credit applicant or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by above named business credit grantor in the credit evaluation process.

Owner 1 Name

Social Security Number

Home Street Address	City	State	Zip
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Owner 1 (Required)



Must sign here after printing

Owner 2 Name

Social Security Number

Home Street Address	City	State	Zip
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Owner 2 (Required)



Must sign here after printing



IF CREDIT CARD OR PREPAY IS BEING REQUESTED YOU MAY SKIP TO SECTION 4

Section 3 – Credit Information for Net Terms Request

Section 3A, 3B & 3C are required for ALL Net Terms Requests

3A - Financial statements may be required to extend trade credit. You will be contacted if they are needed, or you may include with this application when returned. Please include a minimum of the prior two year's income statement & balance sheet, and interim financials if available.
Person to Contact for Information or Financial Questions:
Name
Title
Phone
Email
<input type="checkbox"/> check here if Financial statements are attached to this application

3B – Do you currently finance any of your computer purchases through flooring or leasing programs?
<input type="checkbox"/> Yes (Complete information below)
<input type="checkbox"/> NO
1. Finance Company Name
Dealer #
Finance Company Telephone Number
2. Finance Company Name
Dealer #
Finance Company Telephone Number
3C – Trade & Bank References
<input type="checkbox"/> Check here if you have attached a separate trade and bank reference sheet rather than completing below (Additional sheet must be signed)
Trade References (Preferably in the Computer Technology Industry)
1. Company Name
Company Phone #
Company Fax #
Account Number
Contact Name
2. Company Name
Company Phone #

Company Fax #
Account Number
Contact Name

Bank Reference
Bank Name
Bank Telephone #
Bank Fax # (if Known)
Checking Account #
Savings Account #
Line of Credit Account #
Account Officer Name (If known)

Section 4 – Export Information

Will any of your purchases be for Export?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
If Yes, Contact Promark Sales for more information once your account is established.	



IN ORDER NOT TO DELAY YOUR ORDERING ABILITY, PLEASE MAKE SURE YOU HAVE PROVIDED ALL INFORMATION REQUESTED.
PLEASE NOTE: ACCOUNTS THAT HAVE NO SALES ACTIVITY WITHIN A 12 MONTH PERIOD WILL BE DELETED FROM OUR SYSTEM.

This application and agreement is submitted by applicant to Promark Technology, Inc. ("Promark"), a Maryland corporation, to obtain trade credit. Promark reserves the right to decline credit to any applicant. In the event credit is extended to applicant, Promark reserves the right at any time thereafter to change or revoke such credit for any reason, including but not limited to, credit policy changes by Promark, applicant's financial condition, applicant's payment record, applicant's failure to meet sales volume requirements established by Promark, and/or applicant's utilization of such credit limit. All Product sales by Promark to applicant will be subject to Promark's Sales Terms and Conditions as published on Promark's website at www.promarktech.com at the time of sale. Any variance from those terms and conditions will be effective only if agreed to in writing by Promark prior to the time of sale. Applicant acknowledges and agrees that Promark may send applicant marketing and business communications from time to time via various means, including e-mail. Applicant agrees to make payment in full to Promark for all amounts due according to Promark invoice(s). Applicant also agrees to pay Promark, as interest, an amount equal to 1 ½% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should applicant default in any such payment(s), Promark will have the right, without notice to applicant, to declare all invoice amounts due and payable. In the event Promark should commence any action or actions, or otherwise seek to enforce this agreement against applicant, applicant agrees to pay reasonable attorney(s) fees, court costs, and other expenses incurred by Promark, whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without prior written consent of Promark. Applicant agrees that any change in liability for any debts incurred to Promark, due to a change in applicant's form of business, will not be effective as to Promark, until Promark receives actual notice of the change by certified mail. This application and agreement shall be construed, interpreted, and enforced under and in accordance with the internal laws of the State of California, excluding its conflicts or choice of law rule or principles which might refer to the law of another jurisdiction. Venue shall be in Orange County, California, or Erie County, New York, as determined by Promark.

Signature Section

Applicant hereby agrees to the foregoing and authorizes the release of credit and banking information to Promark by the references listed on this application. The following must be completed in order to have an account

Owner/Partner/Corporate Officer Name- Please Print **(Required)**

Title **(Required)**

Owner/Partner/Corporate Office Name – Signature **(Required)**

As of this _____ day of _____, 20_____

STOP: IMPORTANT TAX INFORMATION – Resale Tax

Promark is a distributor/wholesaler.

To establish and maintain your account, we require that you provide us with a Resale Certificate valid in the state where you are located, as well as any other state in which you are registered, and that you update your certificate(s) on a periodic basis in accordance with state laws and/or Promark policy. Our Resale Tax Department will notify you by mail when an updated certificate is required. Failure to provide an updated certificate may result in delayed shipments, rejection of your orders, and/or the closure of your account. Orders that are drop-shipped may be subject to sales tax if you have not provided Promark a Resale Tax Certificate for the ship-to location. The Resale Certificate must include:

1. Legal business name
2. Business trade name(s); DBA
3. Business address and phone number
4. Type of business as registered with your state
5. General description of business
6. State sales registration number of each state in which you are licensed for resale
7. Signature of owner or officer signing application
8. Name and title of person signing certificate
9. Date certificate is signed

Drop Shipments:

Please Note: Promark has special sales tax requirements for shipments to the following states and **sales tax will be applied to all shipments to these states** unless the stated information is provided. Along with your state registrations you are required to provide the following forms/information if you ask to drop ship to the following states:

New York	New York ST-120 NY resellers complete Part A; non-NY resellers complete Part B.
Pennsylvania	PA REV 1220 PA resellers complete a PA REV 1220; non-PA resellers complete PA REV1220- Line 7 and include the company's home state ID, the state registered in and an explanation as to why not registered in PA (example "no nexus")
Illinois	IL resellers complete the Multi-jurisdiction or IL CRT-61; non-IL resellers complete the Multi-jurisdictional form with your state tax registration numbers or provide your home state resale certificate. <u>In addition please provide the Illinois Resale Exemption Statement.</u>
California	A resale certificate with valid California tax ID number.
Massachusetts	A Massachusetts state specific ST-4 Resale certificate that includes a valid Massachusetts tax ID number.
Tennessee	A resale certificate with a valid Tennessee tax ID number.
Maryland	A resale certificate with a valid Maryland tax ID number.

All of these forms are available at <http://www.promarktech.com/>

If you have any questions, please contact your Sales Representative or Resale Tax Department prior to requesting Promark to ship to any of these States.

For more information, please visit our website at <http://www.promarktech.com/> or contact your Sales Representative.

UNIFORM SALES & USE TAX CERTIFICATE – MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the following notes. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: PROMARK TECHNOLOGY INC.
Address: 10900 PumpHouse Road , Suite B
Annapolis Junction, MD 20701

Account Number
(For Office Use Only)

I certify that:

Name of Firm: _____ DBA Name: _____
(Required Name of Firm) (Required Name of Firm)

Is engaged as a registered: **(Required -- Please check all that apply)**

☐ Lessor (See Notes) ☐ Manufacturer ☐ Retailer
☐ Seller ☐ Wholesaler ☐ Other _____

Street Address: _____ City, State, & Zip: _____
(Required Street Address) (Required City, State & Zip)

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

Description of business: _____
(Required Description of business)

General description of tangible property or taxable services to be purchased from the seller: **Computer hardware, software, related products and services.**

You are required to complete the following for all state(s) in which you are registered unless it is not listed or a state specific form is required as outlined below.

Alaska, Delaware, Montana, New Hampshire, & Oregon do not require a resale certificate, but we do require this form be completed, with the exception of the tax number, to serve as documentation that product purchased from Promark is for resale:

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
Alabama ²	_____	Louisiana	USE R1064 or R1055 FORM	Ohio ²⁶	_____
Arizona ²²	_____	Maine ⁹	_____	Oklahoma ¹⁶	_____
Arkansas	_____	Maryland ¹⁰	_____	Pennsylvania	_____
California ³	_____	Massachusetts	USE ST-4 FORM	Rhode Island ¹⁷	_____
Colorado ¹	_____	Michigan ¹¹	_____	South Carolina	_____
Connecticut ⁴	_____	Minnesota ¹²	_____	South Dakota ¹⁸	_____
Dist. of Columbia ⁵	_____	Mississippi	_____	Tennessee	_____
Florida ²³	USE DR-13 FORM	Missouri ¹³	_____	Texas ¹⁹	_____
Georgia ⁶	_____	Nebraska ¹⁴	_____	Utah	_____
Hawaii ^{1, 7}	_____	Nevada	_____	Vermont	_____
Idaho	_____	New Jersey	_____	Virginia	USE ST-10 FORM
Illinois ^{1, 8}	_____	New Mexico ^{1, 15}	_____	Washington ²⁰	USE RESELLER PERMIT FORM
Indiana	USE ST-105 FORM	New York	USE ST-120 FORM	West Virginia	USE STREAMLINE FORM
Iowa	_____	North Carolina ²⁵	_____	Wisconsin ²¹	_____
Kansas	_____	North Dakota	_____	Wyoming	USE STREAMLINE FORM
Kentucky ²⁴	_____				

We further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing.

This certificate shall be a part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or or revoked by the city or state.

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 (Required): _____ (Owner, partner, or corporate officer)

Title: (Required) _____ Date: _____ (Required)