



# Official Authorized Reseller Application

## Section 1.)

Business name: \_\_\_\_\_ E-Mail \_\_\_\_\_ Web Address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

How many years in business under this name? \_\_\_\_\_ Contact Person(s): \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Vendor Permit Number (Ontario Only) \_\_\_\_\_

Please Attach PST exemption form

Federal Business Number \_\_\_\_\_

Terms requested: Wire transfer / Prepayment ( ) COD Cashiers Check ( ) COD Company Check ( ) Company Check ( )

NOTE: Section 1 is required to be filled out completely for all companies requesting payment by wire transfer or COD Cashiers check. All Sections 1, 2, and 3 as well as the authorization to release information page are required to be completely filled out for all companies seeking approval for COD Company Check or Company Check terms.

### Business Structure

Nature of business: Reseller ( ) Distributor ( ) Manufacturer/OEM ( ) System Integrator ( ) Other ( ) \_\_\_\_\_

President: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Annual sales volume: \$ \_\_\_\_\_ Estimated monthly purchases: \$ \_\_\_\_\_

### Trade References

1.) Company name: \_\_\_\_\_ Acct # \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Fax number: \_\_\_\_\_ - \_\_\_\_\_ Contact Person: \_\_\_\_\_

2.) Company name: \_\_\_\_\_ Acct # \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Fax number: \_\_\_\_\_ - \_\_\_\_\_ Contact Person: \_\_\_\_\_

3.) Company name: \_\_\_\_\_ Acct # \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Fax number: \_\_\_\_\_ - \_\_\_\_\_ Contact Person: \_\_\_\_\_

OCZ Canada has a small banner to let resellers know they are buying direct from an official OCZ Canada distributor. Are you willing to place the small banner on your homepage? Y ( ) N ( )

**\*To complete this application it is required that you fax a copy of:**

**1.) Original tax exemption certification 2.) Copy of a voided company check.**

## Section 2.) (NOTE: Required for customers requesting terms or company check only.)

Customer agrees to pay OCZ Canada Inc in full amounts due according to OCZ Canada's invoice. Customer also agrees to pay interest @ 1.5% per month or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should customer default in any such payments, OCZ Canada Inc. shall have the right, without notice of Customer, to declare all invoice amounts due and payable. In the event OCZ Canada Inc. should commence any action or actions, or otherwise seek to enforce this agreement against customer or any guarantor, customer agrees to pay reasonable attorney fees, court costs, and any other expenses incurred by OCZ Canada Inc., whether or not suit is filed. This agreement is not transferable or assignable without the prior consent of OCZ Canada Inc. This agreement shall become effective upon acceptance by OCZ Canada Inc.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Title

## Section 3.) (NOTE: Required for customers requesting terms or company check only.)

### Individual Personal Guarantee

I, \_\_\_\_\_ residing at \_\_\_\_\_ for and in consideration  
(Full name) (Home address)

of your extending credit at my request to \_\_\_\_\_ (referred to as "Company") hereby personally guarantee the payment of OCZ Canada Inc. of any obligation of the company 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, non-payment, and notice hereof and consent to any modification of renewal of the credit agreement hereby guaranteed.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Guarantor Witness

X \_\_\_\_\_ X \_\_\_\_\_  
Print name Print name

**( Please fax the completed form to OCZ Canada Inc. 905-479-8551 )**

Please print and fill out one authorization for each bank you use..

**Authorization to Release Information**

**\*Privacy Act Release**

We are currently in the process of establishing trade credit with OCZ Canada Inc. We therefore 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 OCZ Canada Inc. Please provide the requested information directly to OCZ Canada Inc. regardless of any passed Privacy Acts. Please reply via fax in order to further expedite my 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 Printed Name Title Date

You are now finished with the customer portion of this document.  
Please fax back to us at 905-479-8551. We will complete the application and get back to you shortly.  
**Make Sure to attach a copy of a voided company check when you fax this form**

(No customers to fill out below this line)

-----**Bank Use Only Below This Line**-----

**Checking Account:**

Checking account number \_\_\_\_\_ Date Opened: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Average balance for last 6 months: \$ \_\_\_\_\_ Any NSF checks? Y ( ) N ( ) How many \_\_\_\_\_

\*Average balance for last 30 days: \$ \_\_\_\_\_ Any NSF checks? Y ( ) N ( ) How many \_\_\_\_\_

**Other Account:** 2<sup>nd</sup> Checking ( ) Savings ( ) Other ( ) Explain: \_\_\_\_\_

Account number \_\_\_\_\_ Date Opened: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Average balance for last 6 months: \$ \_\_\_\_\_ Any NSF checks? Y ( ) N ( ) How many \_\_\_\_\_

\*Average balance for last 30 days: \$ \_\_\_\_\_ Any NSF checks? Y ( ) N ( ) 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? Y ( ) N ( ) How many \_\_\_\_\_

Comments: \_\_\_\_\_

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Authorized Bank Personnel Signature Printed Name Title Date

( Please fax the completed form to OCZ Canada Inc. 905-479-8551 )