



# Official Authorized Distributor Application

Note: Completely filling out the application increases your chances of getting credit with our company!

## Section 1.)

Business name: \_\_\_\_\_ How many years in business under this name? \_\_\_\_\_

Website address: \_\_\_\_\_ Company email address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Ext: Fax Dunn & Bradstreet Number

X \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Purchasers name Phone Ext: Email address

X \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Accounts payable contact Phone Ext: Email address

Current number of employees \_\_\_\_\_ Check all that apply: USA Distributor (Single location) ( ) (Multiple locations) ( ) Int'l Distribution ( )

Are you a division or subsidiary of another company? If so company name (s) : \_\_\_\_\_

If you plan on selling OCZ Technology products from multiple US or international distribution locations please list them below:

**Terms requested:** Wire transfer / Prepayment ( ) COD Cashiers Check ( ) COD Company Check ( ) Company Check ( ) Post Dated Check ( ) Net ( )

NOTE: Section 1 as well as the Authorization to release information is required to be filled out completely for all companies requesting payment by wire transfer or COD Cashiers check. Section's 2, and 3 are optional but may be required depending on your credit status. To assure a higher credit limit you may want to fill out the complete application. Unfortunately all non USA based companies require prepayment by wire transfer and are only required to fill out section 1.

Gross annual sales volume: \$ \_\_\_\_\_

Desired credit limit: \$ \_\_\_\_\_ Estimated monthly purchase amount: \$ \_\_\_\_\_

### Business Structure

Nature of business: Corporation ( ) Partnership ( ) Sole Proprietorship ( ) Other ( ) \_\_\_\_\_

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

### Trade References

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

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

Terms \_\_\_\_\_ Credit limit \_\_\_\_\_

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

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

Terms \_\_\_\_\_ Credit limit \_\_\_\_\_

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

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

Terms \_\_\_\_\_ Credit limit \_\_\_\_\_

OCZ Technology has a small banner to let customers know they are buying direct from an Authorized OCZ Technology 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: OPTIONAL - may be required by accounting dept depending on your credit rating.)

Customer agrees to pay OCZ Technology Group, Inc. dba OCZ Technology in full amounts due according to OCZ Technology'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 Technology shall have the right, without notice of Customer, to declare all invoice amounts due and payable. In the event OCZ Technology 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 Technology, whether or not suit is filed. This agreement is not transferable or assignable without the prior consent of OCZ Technology. This agreement shall become effective upon acceptance by OCZ Technology.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Full name) Owner or authorized agent Title: Date:

## Section 3.) (NOTE: OPTIONAL - may be required by accounting dept depending on your credit rating.)

### Individual Personal Guarantee

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

of your extending credit at my request to my company \_\_\_\_\_ (referred to as "Company") hereby personally guarantee the payment of OCZ Technology 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. (Please fax over with a photocopy of valid drivers license.)

X \_\_\_\_\_ X \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Guarantor Print name Social Security number Date:

X \_\_\_\_\_ X \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Witness Print name Home phone number

( Please fax the completed form to OCZ Technology Group Inc. 408-733-5200 )



**AUTHORIZATION TO RELEASE INFORMATION**

We are currently in the process of establishing trade credit with OCZ Technology Group Inc. We therefore authorize you to release all necessary information as requested below in regards to all account(s) and/or credit information requested. This release remains valid for the life of my business relationship with OCZ Technology Group Inc. Please provide the requested information directly to OCZ Technology Group Inc. in a reply 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 408-733-5200 we will complete the application and be getting back to you shortly.

(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 bounced checks? Y ( ) N ( ) How many \_\_\_\_\_

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

\*Average balance for last 30 days: \$ \_\_\_\_\_ Any bounced 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 Technology Group Inc. 408-733-5200 )**