

Please return completed application to...

Origin Micro, Inc.

124 Heritage Ave. Unit 8 Portsmouth, NH 03801
Voice: (603) 433-4411 / Fax: (603) 433-5040

NOTE

Reseller Application and Credit Agreement

1. Your tax resale certificate **must** accompany this application.
2. **For terms**, your audited financial statements (Balance Sheet and Income Statements) or signed financial statements (signed by the owners / partners / officers) must accompany this application.

NOTE: Failure to comply with all sections of this application can delay credit approval.

Accounts Payable Contact _____ A/P e-mail _____

A/P Tel. Number _____ A/P Fax Number _____

ORGANIZATIONAL DATA

Company Name _____ Tel. Number _____

Check One: Sole Proprietor Partnership Corporation Fax Number _____

Street Address _____ Incorporation Date and State _____
Length of time in Business _____
Under Current Name _____

City _____ Name of Parent Company _____

State _____ Zip Code _____ Date Business Established _____ D&B # _____

Annual Sales Volume – Check one:
 \$100,000 – 250,000 \$251,000 – 500,000 \$501,000 - \$1,000,000 \$1,000,000+ 5,000,000+

Type of terms requested: COD Company Check Use Credit Card Net Terms Credit Line Desired _____

Number of Employees: _____ Does Parent Company Guarantee Debts? _____

Officers Names / Titles – (For Partnerships or Individual Owners Complete Entire Section)

Name _____ Title _____ Address _____

Social Security Number _____ Drivers License No. _____ State _____

Name _____ Title _____ Address _____

Social Security Number _____ Drivers License No. _____ State _____

Name _____ Title _____ Address _____

Social Security Number _____ Drivers License No. _____ State _____

TRADE REFERENCES

Name _____ Phone Number _____ Fax _____

Address _____ Account Number _____

Name _____ Phone Number _____ Fax _____

Address _____ Account Number _____

BANK INFORMATION

Bank Name _____ City _____ Checking # _____
Address _____ Phone _____ Savings # _____
City _____ State _____ Zip Code _____ Loan # _____
Bank Name _____ City _____ Checking # _____
Address _____ Phone _____ Savings # _____
City _____ State _____ Zip Code _____ Loan # _____

Please accept this as your authorization to release confidential information to Origin Micro, Inc.

Company : _____ Authorized Signature: _____

Printed Name: _____ Title: _____ Date: _____

RESELLER AGREEMENT

*(Please Sign Below in order for this agreement to be processed)

The company making this application (hereafter known as Buyer) in order to induce Origin Micro, Inc. (hereafter known as OMI) to sell to Buyer, agrees to the following terms. OMI retains and buyer grants a purchase money security interest in all products and the proceeds thereof sold by OMI to Buyer, until satisfied in full, all of its obligations to OMI. Buyer shall execute such financing statements as reasonably requested by OMI. Buyer hereby represents and warrants that it is solvent, and Buyer furthermore warrants that it will pay its obligations to OMI (according to OMI's invoice due date and amount shown), as they come due and that Buyer's liabilities do not exceed its assets. Buyer agrees to pay interest on all amounts that are past due. Interest charged by OMI, will be 1.5% per month or the highest rate allowed by law. This representation, warranty, and these terms, shall be in effect with each purchase obligation, whether by written or Verbal Purchase Order, or by procurement of product from OMI by agreement, until the Buyer and OMI agree in writing to change this. All costs of collection, including reasonable attorney's fees and court costs, shall be paid by Buyer regardless whether suit is filed or not. The undersigned authorized officer of Buyer certifies that all the information contained in the application and its attachments are true and correct to the best of their information, knowledge, and belief. Buyer hereby agrees to adhere to policies and procedures as well as all terms and conditions established by OMI and published by OMI. The signature below acts as authority to release credit information by phone or by letter to the companies approached for credit information to OMI.

*Signature _____ Title _____ Date _____

RESALE CERTIFICATE

(Please fill in and sign the below or fax a copy of Resale Certificate along with this agreement to 603-433-5040)

FIRM NAME _____

I hereby certify that I hold valid seller's permit No. _____ issued by the state of _____ pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling _____. The tangible personal property described herein, which I purchase from OMI, will be resold by me in the form of tangible personal property; and that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by State Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Signature _____ Title _____ Date _____

Description of property _____

INDIVIDUAL PERSONAL GUARANTEE

I _____, residing at _____ for good and valuable consideration, including the extension of credit which I hereby acknowledge as having been received, do hereby personally guarantee and promise to pay any obligation to Origin Micro, Inc. on demand for any indebtedness of _____ to Origin Micro Inc., which may become due. This guarantee shall be a continuing and irrevocable guarantee and indemnity to Origin Micro, Inc. Further, I hereby subrogate any indebtedness of _____ which it may have to me to the indebtedness of Origin Micro, Inc. I do hereby waive notice of default, non-payment and notice thereof and to jury trial and consent to all renewals and modifications of credit. Interest charged by Origin Micro, Inc. will be 1.5% per month or the highest rate allowed by law. All costs of collection, including reasonable attorney's fees and court costs, shall be paid by Buyer regardless whether suite is filed or not

Signature _____ Social Security _____ Date _____ 19 _____

Witness Signature _____ Printed Witness Name _____ Date _____