



CORPORATE SALES OFFICE | 2085 East Foothill Blvd. | Pasadena, CA 91107

Phone: (800) 544-1749 Fax: (626) 356-1130
 sales@mscashdrawer.com

RESELLER APPLICATION (Net Terms & COD Only)

COMPANY INFORMATION					
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Other	
COMPANY'S LEGAL NAME		DBA NAME		FEDERAL TAX ID#	
COMPANY WEBSITE		YEAR STARTED		STATE OF INCORPORATION	
MAILING ADDRESS		CITY		STATE & ZIP CODE	
SHIPPING ADDRESS (If different)		CITY		STATE & ZIP CODE	
PHONE NUMBER		FAX NUMBER		RESELLER ID NUMBER	
CONTACT INFORMATION					
PRINCIPLE OWNER NAME AND TITLE			ACCOUNTS PAYABLE NAME		
PRINCIPLE OWNER PHONE			ACCOUNTS PAYABLE PHONE		
PRINCIPLE OWNER FAX			ACCOUNTS PAYABLE FAX		
PRINCIPLE OWNER E-MAIL ADDRESS			ACCOUNTS PAYABLE E-MAIL ADDRESS		
SALES TAX INFORMATION					
Please also complete the Uniform Sales Tax Certificate located on our website and provide a copy of your Sellers Permit or Business License. Florida Customers - provide your Florida Annual Resale Certificate.					
BANK REFERENCE					
BANK NAME	ACCOUNT#	CONTACT	PHONE	FAX	
3 TRADE REFERENCES					
CO. NAME	CONTACT	ADDRESS	CITY, STATE, ZIP	PHONE	FAX
I hereby certify that the information listed above and/or attached is warranted to be true. I authorize M-S Cash Drawer Corporation to request and collect the above bank and trade references to obtain credit information. Should credit be offered, applicant understands and agrees to pay all charges within payment terms as stated on each invoice. Should it become necessary to pursue any delinquent obligation, your Company agrees to pay all costs and fees expended or charged as part of the cost of recovery. At our discretion, interest will be charged on delinquent accounts at the rate of 1.5% per month. A faxed copy of the signature will be considered an original document.					
Applicant Signature:			Date:		
Printed Name:			Title:		



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PAYMENT INFORMATION

TERMS REQUESTED

Form with three columns: NET 30 DAY TERMS, COD CHECK, OTHER, each with a checkbox.

Monthly Credit Limit Desired:

TO EXPEDITE PROCESSING FOR NET TERMS, PLEASE PROVIDE A COPY OF YOUR LATEST AUDITED FINANCIAL REPORT

BUSINESS INFORMATION

Form with two columns: ANNUAL SALES VOLUME, NET PROFIT/LOSS.

Form with two columns: CURRENT ASSETS, CURRENT LIABILITIES.

NUMBER OF EMPLOYEES:

BRIEF DESCRIPTION OF THE NATURE OF YOUR BUSINESS:

Empty text box for business description.

GUARANTEE AGREEMENT

Guarantor absolutely, unconditionally and irrevocably guarantees, as primary obligor and not as surety merely, the full and punctual payment and performance of all present and future obligations, liabilities, covenants and agreements required to be observed and performed or paid or reimbursed by Debtor to Creditor under or relating to the sales between Debtor and Creditor, plus all costs, expenses and fees (including the reasonable fees and expenses of Creditor's counsel) in any way relating to the enforcement or protection of Creditor's rights under the Purchase Agreement. Notwithstanding the foregoing, the total liability of Guarantor hereunder shall be limited to the aggregate amount of the open invoices with Creditor at such time as Creditor seeks payment under this Guaranty, plus the foregoing expenses and costs of enforcing this Guaranty.

Form with two columns: Executed on (Date), At (City/State).

Signature of Guarantor:

Printed Name of Guarantor: