



M-S CASH DRAWER CANADA LP | 6355 Danville Road, Unit 9 | Mississauga, ON L5T 2L4

Phone: (866) 997-9912 Fax: (905) 565-9080
cansales@mscashdrawer.com

RESELLER APPLICATION (Net Terms & COD Only)

COMPANY INFORMATION

Corporation LLC Partnership Proprietor Other

COMPANY'S COMPLETE LEGAL NAME (Print/Type) DBA NAME FEIN#
COMPANY WEBSITE YEAR STARTED PROVINCE OF INCORPORATION
MAILING ADDRESS CITY PROVINCE POSTAL CODE
SHIPPING ADDRESS (If different than above) CITY PROVINCE POSTAL CODE
PHONE NUMBER FAX NUMBER GST/HST 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

BANK REFERENCE

BANK NAME CONTACT ACCOUNT# PHONE # FAX #

3 TRADE REFERENCES

NAME ADDRESS CONTACT CITY/PROVINCE/POSTAL CODE PHONE FAX #
NAME ADDRESS CONTACT CITY/PROVINCE/POSTAL CODE PHONE FAX #
NAME ADDRESS CONTACT CITY/PROVINCE/POSTAL CODE PHONE FAX #

I hereby certify that the information listed above and/or attached is warranted to be true. I authorize M-S Cash Drawer Canada LP 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/Signing Officer Date

Printed Name Title

Applicant Signature/Signing Officer Date

Printed Name Title



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PAYMENT INFORMATION

TERMS REQUESTED

COD CHECK NET 30 DAY TERMS OTHER, UPON APPROVAL

MONTHLY CREDIT LIMIT DESIRED \$

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

BUSINESS INFORMATION

ANNUAL SALES VOLUME: _____ **NET PROFIT/LOSS:** _____

CURRENT ASSETS: _____ **CURRENT LIABILITIES:** _____

NO. EMPLOYEES: _____

BRIEF DESCRIPTION OF THE NATURE OF YOUR BUSINESS:

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.

Executed on _____ at _____
(Date) (City/State/Province)

Signature of Guarantor

Printed Name of Guarantor
