

RESELLER APPLICATION

General Information

Company Name			
Doing Business As (Dealer / Distributor Nar	ne)		
Address	City	State	Zip
Telephone number		Fax Number	
Email Address		URL Address	;
Billing address:	City	State	Zip
Parent Company (if affiliate / subsidiary)			
Address	City	State	Zip
Business Profile:			
Nature of Business			
Organizational Form: Corporation	Partnership Sole Prop	rietorship	
Date Established (incorporated)	Federal ID No. (or SS	S#)	D & B No.
Years in Business	Accounts Payable Co	ntact	Phone No.
Total Number of Employees	Inside Sales	Outside Sales	Service
Number of Selling Locations: (If you have	multiple selling locations, please att	ach a list of addresses)	
Current Annual Sales Volume	Previous Year	Ne	ext Year (projected)



Key Company Personnel: (Note: for multiple locations, please provide this information for each location)

CEO or President:		Tel #.	Email
OLO OF FRESIDETIL:		161 #.	Liliali
Marketing / Sales Manager:		Tel #.	Email
Accounting Manager or Controller:		Tel #.	Email
Purchasing Manager:		Tel #.	Email
Service Manager:		Tel #.	Email
Financial / Credit Informa	ation.		
rmanciai / Credit imorma	ilion:		
If less than two years with bank li	sted above, please list y	your previous bank:	
Bank Name:	Type of Acc	count:	Acct. #:
Address	City	State	Zip
Bank contact Officer:			Officer's telephone:
Name of Landlord/Mortgage Holde	er:		Phone:
Business operated from: Commerc	cial Building, Home Ow	/n/Rent	Years at this Location
Name of former Landlord/Mortgag	ge Holder:		Phone:



Credit Line Request

Amount Requested:	Terms Requested*:		
*If requesting Net Terms,	s, a copy of your company's latest Financial Statement is required. Audited statements are preferred.		
Trade References:			
1: Company			
Address	City	State	Zip
Contact Name	Account #:	Phone Number:	Fax Number:
2: Company			
Address	City	State	Zip
Contact Name	Account #:	Phone Number:	Fax Number:
3: Company			
Address	City	State	Zip
Contact Name	Account #:	Phone Number:	Fax Number:
1 : Company			
Address	City	State	Zip
Contact Name	Account #:	Phone Number:	Fax Number:



Credit References

Fill out separate for each state.

Authorization

The statements and information provided in this application and in any attached documents are true and complete to the best of my knowledge. I also understand the following:

- Information submitted in this guide will be treated discreetly by Rocstor.
- Inaccurate and/or false information may be grounds for Rocstor to terminate any future contractual agreements.
- Rocstor may contact any person or business outlined in this application for the purpose of verifying the information submitted. By signing this document I do hereby authorize any such person or business referenced herein to release any information via telephone, FAX or mail to Rocstor which they require to effect such verification.
- Applicant's signature attests to financial responsibility, ability and willingness to pay our invoices in accordance with the agreed-upon terms.

Name (printed)	
Title	Date
Signature	

When the application is completed please send (or fax) to address below:

Rocstorage, Inc. 8130 Remmet Avenue, Canoga Park, CA 91304

Attention: New Accounts Department

Tel: (818) 449-2000 Fax: (818) 884-8777

This section must be complete or the application will not be processed.



Bank Authorization to Release Credit Information to Rocstorage, Inc.

Company / Name

The undersigned authorizes release of all banking and credit information, both business and/or personal requested by Rocstorage Inc. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed.

To expedite our credit application, please provide below all necessary information and fax back to:

Rocstorage, Inc. Attention: Accounting Department, 8130 Remmet Avenue, Canoga Park, CA 91304 * Tel (818) 449-2000, **Fax: (818) 884-8777**

		Date:	
City	State	·	Zip
Ban	k Phone No.	Bank Fax No.	
Sav	ings Acct. #		
Rating	Openin	g Date:	
3 month	6 month	1- 9 Digits	
1-9 Digits (Low /	/Medium/High)		
Rating	Openir	ng Date:	
Current Balanc	e		
Loan Balance _		Loan Date	
		Bank Phone No. Savings Acct. # Rating Opening 3 month 6 month 1-9 Digits (Low /Medium/High) Rating Opening Current Balance	City State Bank Phone No. Bank Fax No. Savings Acct. # Rating Opening Date: 3 month 6 month 1- 9 Digits



CREDIT AGREEMENT

This credit application and agreement is submitted by the undersigned authorized representative (hereafter Customer) to ROCSTORAGE, INC. (hereafter ROCSTOR or its related entity's), to obtain trade credit. Customer agrees to make payment in full to Rocstor for all amounts due according to Rocstor invoice(s). Should Customer default in any such payment(s), Rocstor shall have the right, without notice to Customer, to declare all invoice amounts immediately due and payable. In the event Rocstor should commence any action or actions, or otherwise seek to enforce this agreement against Customer or any Guarantor, Customer agrees to pay reasonable attorney(s) fees, court and other expenses incurred by Rocstor, whether or not suit is filed. This agreement is not transferable or assignable without prior written consent of Rocstor. This agreement shall become effective upon acceptance by Rocstor. Customer agrees that all sales shall be governed by Rocstor's Standard Terms and Conditions of Sale, as stated in Rocstor's web site, unless Rocstor and Customer have executed a separate agreement which specifically supersedes and replaces those terms and conditions. Customer and Customer's authorized representative signing this agreement hereby represent and warrant that the information provided in this application and in any and all additional documents, financial statements or other information furnished by Customer to Rocstor is true and correct in all material respects and contains all information necessary so that this application is not materially misleading. Customer acknowledges that Rocstor is relying on the accuracy of the information provided by Customer. Customer hereby grants Rocstor a security interest in any and all goods purchased by Customer from Rocstor to secure any and all obligations of Customer to Rocstor, including but not limited to any obligation of payment. Customer agrees to execute any additional documents necessary to perfect or continue any security interest related to this application. Customer agrees to adhere to the credit service policies and procedures established from time to time by Rocstor.

That the Firm will pay when due, according to the terms established by Rocstor, not to exceed Net 30 days from shipment date, all invoices, statements, or any account balance due to Rocstor, any such payment to be made to Rocstor, or at such other place or places as Rocstor, may direct: These terms and conditions (and any agreement into which they are incorporated) shall be interpreted in the accordance with and governed by the laws of the state of California, and Rocstor and the Firm hereby consent to the jurisdiction of the California courts.

That all past-due accounts shall bear interest at the rate of 1.5% per month on the outstanding balance, or at the maximum legal rate, whichever is less.

All orders, including but not limited to, electronic and verbal orders are subject to Rocstor's terms and conditions. Rocstor will assign a password to the Firm for Internet to the Firm's account. The Firm shall be responsible for full payment on all orders placed by any employee or any other person who uses the Firm's password to access the Firm's account and place orders. All orders placed with Rocstor shall be presumed delivered, properly billed, and received in satisfactory condition unless notice in writing is received by Rocstor within ten (10) days of the date the Firm placed the order. As security for payment of the entire balance owed, Rocstor retains a security interest in the goods sold to the Firm. Rocstor may, in any manner provided by law, retake the goods and, pursue any other remedies provide by law.

Rocstor, at its sole discretion, may at any time cease further extensions of credit to the Firm. All shipments are F.O.B. shipping point.

I certify that all information on this form (application) is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. I further acknowledge that completion and/or acceptance of this application is not an offer to sell, is not a binding contract and does not offer exclusivity in any form.

The undersigned individual(s) who is (are) either a principal(s) or partner(s) of the above-named Customer or a sole proprietorship of the above-named Customer, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of Customer, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Rocstor, the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signed by:		Name/ Officer/Owner (printed)
Title	Dated at City, State	Date
Signed by:		Name/ Officer/Owner (printed)
Title	Dated at City, State	Date

Date