



Maxtech Security Systems Inc.

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 Miami, FL 33172 USA
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 Fax: 305-594-9692
 E-mail: sales@memorysystems.net
 www.memorysystems.net

**You may type the information directly and then print it
 Please sign it and send it back to us by email or fax**

MS targets our sales towards qualified Resellers, who intend to resell products to the end user market. If you are not reselling the product purchased from MS, please do not fill this application out. This application must be filled out in its entirety to be processed.

Checklist: The following must be completed before application will be processed

- Fully completed, dated, & signed Reseller Application
- (USA Customers Only) copy of signed State Tax Reseller Certificate
- (International Customers Only) copy of Company's Commercial Registration

Account Number
(For Office Use Only)

ACCOUNT APPLICATION

DESCRIPTION OF BUSINESS (Please type or print)

TYPE OF BUSINESS: Distributor Installer End User Integrator Dealer Other _____

This company is a (check one): C-Corp, State of Incorporation _____ S-Corp, State of Incorporation _____
 Sole Proprietorship Partnership LLC Ownership: Public Private

Legal Business Name	DBA	Shipping Street Address	(If exporting include Freight forwarder info here)
Date Business Established	Federal Tax ID Number	City, State, Zip Code	County & Country
Number of Employees	# Sales	# Tech	Courier Contact Telephone Fax
This Year Sales Volume	Last Year Sales Volume	Officer's/ Owner's Name	
Business Street Address – Bill To		Title & E-Mail Address	
City, State, Zip Code	Country	Officer's/ Owner's Name	
Length of time at address	Dun & Bradstreet #	Title & E-Mail Address	
Business Phone Number(s)	Business Fax Number	Authorized Purchaser (s)	
Business E-mail Address	Business Website (URL)	E-mail Address	
How did you Hear of us (Find us)		Accounts Payable Contact	E-mail Address

PAYMENT TYPE: PREPAID (Wire Transfer) PREPAID (Check) CREDIT CARD (Amex, MasterCard, Visa, Discover)

TRADE REFERENCES

Name	Address	Telephone #	Account #
Name	Address	Telephone #	Account #

BUSINESS AGREEMENT

I (we) understand that the information provided is for the purpose of opening an account with Maxtech Security Systems Inc., and warrant that the information provided is true and correct. By providing this application to Maxtech Security Systems Inc., I (we) the undersigned attests financial responsibility and willingness to pay all invoices, past due accounts, and NSF checks owed to Maxtech Security Systems Inc. I (we) understand and acknowledge that (1) all debts are due and payable in Miami, Dade County (2) \$25.00 charge will be assessed on all returned checks (3) all past due accounts will be charged a 1.5% per month financial charge on any outstanding balance, (4) in the event of default, I (we) undersigned agrees to pay all costs of collection, including any attorney fees and/or court fees incurred and (5) I (we) have read and agree with all of Maxtech Security Systems Inc. Terms and Conditions (Commercial Policies & RMA Policies & Procedures).

By: _____

(Printed Name)
Signature
Date