

Reseller Application Form - Cash Account -



The Customer named below hereby applies to exeed Ltd to be a reseller on the following terms and conditions:

1. That all sales of Products from exeed to the Customer for the purpose of resale or otherwise are made in accordance with the Terms and Conditions of exeed, which may be varied from time to time.
2. That the information provided by the Customer to exeed, including the information stated below, is complete and correct and that the Customer shall immediately notify exeed of any change in any of the details provided to exeed by the Customer in this application.

I/We hereby apply to be a reseller for exeed Ltd. The information provided in this application is accurate to the best of my knowledge.
All Terms and Conditions herein are fully understood and agreed.

Please print out and fill in all details in the spaces provided and return to exeed Limited:

Via Fax: 09 302 2145
Via e-mail: accounts@exeed.co.nz
Via Post: P.O. Box 137 046, Parnell, Auckland

CUSTOMER DETAILS ("the Customer")

Company/Business Name:

Trading Name:

Company Number:

Street Address:

Suburb/City:

Website:

Tel No:

Fax No:

Current Monthly Turnover:

Date Business Commenced Trading: ___ / ___ / _____

Nature Of Company:

Limited Company

Pty Ltd Company

Sole Trader*

Public Company

Trust Partnership

* Please provide your date of birth

Principal Business Premises:

Retail Shop

Office Warehouse

Other:

Branch Location(s):

1. Street Address:

Suburb: Postcode:

2. Postal Address:

CONTACT DETAILS

Principal Contact:

Title:

E-mail:

Accounts Payable contact:

E-mail:

Sales Manager:

E-mail:

- I wish to receive exceed's weekly newsletter detailing new product releases, special pricing and product promotions.
If you have additional e-mail addresses you would like to be added to exceed's mailing database, please list them below.

BUSINESS NATURE

Business type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Regional reseller | <input type="checkbox"/> Corporate reseller | <input type="checkbox"/> Consulting Services |
| <input type="checkbox"/> Government/Education reseller | <input type="checkbox"/> Systems integrator | <input type="checkbox"/> SME reseller |
| <input type="checkbox"/> Internet Service Provider | <input type="checkbox"/> Value added reseller | |
| <input type="checkbox"/> Other (please specify) | | |

Brands Interested In:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Apple | <input type="checkbox"/> Microsoft | <input type="checkbox"/> Samsung |
| <input type="checkbox"/> HP PCs | <input type="checkbox"/> HPE Server/Storage | <input type="checkbox"/> Huawei |
| <input type="checkbox"/> HP Printers | <input type="checkbox"/> Aruba | <input type="checkbox"/> SkyKick |
| <input type="checkbox"/> HP Managed Print Services | <input type="checkbox"/> Mycloudstore | <input type="checkbox"/> NETGEAR |
| <input type="checkbox"/> Ruckus | <input type="checkbox"/> Sophos | <input type="checkbox"/> WatchGuard |
| <input type="checkbox"/> Webroot | <input type="checkbox"/> CyberPower | <input type="checkbox"/> vGRID |
| <input type="checkbox"/> Swann | <input type="checkbox"/> ConnectWise | <input type="checkbox"/> PC Locs |
| <input type="checkbox"/> Atdec | <input type="checkbox"/> Acronis | |

PAYMENT DETAILS

Card Type:

- MasterCard VISA

Credit Card Number:

Expiry Date: ___ / ___

Signature: _____

Print Name:

AIRPOINTS™ FOR BUSINESS

To receive Airpoints Dollars™ from exeed, eligible resellers must:

1. Sign up for the Airpoints for Business programme at the Air New Zealand website (you need the company's NZBN number or IRD number to do this)

2. Send the following information to airpoints@exeed.co.nz; the name of the business owner who signed up for the Airpoints for Business programme (the exact name on the personal Airpoints account), email address, Airpoints for Business number, and the personal Airpoints number that the business owner used to sign up to the Airpoints for Business programme.

Or complete the below:

Airpoints for Business Number: _____

Personal Airpoints Number: _____ (the one used to register for Airpoints for Business)

Name on the personal Airpoints account: _____ (exactly as it appears on the Airpoints account)

Email address of the person above: _____

By signing this form:

You acknowledge that all sales of Products from exeed to the Customer for the purpose of resale or are made in accordance with the Terms of Trade published on exeed's website at www.exeed.co.nz, which may be amended from time to time. The Customer's acceptance of the Terms of Trade shall be deemed by:

- the Customer signing the Terms of Trade; or
- the Customer signing this form; or
- the Customer placing an order with exeed; or
- the Customer's acceptance of any product from exeed; whichever occurs first.
- You acknowledge that you have read and understood exeed's Terms of Trade.
- You agree that the information provided by you to exeed, including the information stated in this application, is complete and correct and that you shall immediately notify exeed of any change in any of the details provided to exeed by you in this application, including if there is any change in ownership or control of the Customer.

I/WE, THE UNDERSIGNED, AGREE TO TRADE UNDER THE TERMS AND CONDITIONS OUTLINED IN THIS DOCUMENT AND I/WE WARRANT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.

SIGNED ON BEHALF OF AND WITH THE AUTHORITY OF THE CUSTOMER:

1.

Signature _____

Print Name

Title

2.

Signature _____

Print Name

Title

DATED AND SIGNED ON: ___ / ___ / _____