



Omttool Reseller Application

Company Information:

Company Name: _____
 Address: _____

 City or Province: _____ State: _____
 Zip or Postal Code: _____
 Reseller Tax ID _____
 Certificate Number: _____

Contact Information:

Owner/Officer/Location Mgr.:	
Telephone:	
Fax:	
Email Address:	

Marketing Contact:	
Title:	
Telephone:	
Fax:	
Email Address:	

Sales Contact:	
Title:	
Telephone:	
Fax:	
Email Address:	

Type of Business (Please check one):		
<input type="checkbox"/> MFP Dealer / Reseller	<input type="checkbox"/> ISV	<input type="checkbox"/> VAR
<input type="checkbox"/> Facilities Manager	<input type="checkbox"/> Systems Integrator	

Which environment do you support? (Please check all that apply):		
<input type="checkbox"/> Windows (specify)	<input type="checkbox"/> Linux	<input type="checkbox"/> Other

Which email environments do you support? (Please check all that apply):			
<input type="checkbox"/> Exchange/Outlook	<input type="checkbox"/> SMTP	<input type="checkbox"/> Lotus Notes	<input type="checkbox"/> Other

What percentages of your business revenues are comprised of the following?				
Financial Services:	%	Legal:	%	Healthcare % Other (describe):

What percentages of your business revenues are comprised of the following?				
Hardware:	%	Software:	%	Training: %
Consulting:	%	Support:	%	

What applications/technologies do you focus on? (Please check all that apply):

<input type="checkbox"/> Records Management	<input type="checkbox"/> Cost Recovery	<input type="checkbox"/> Compliance (SEC17A, SOX)
<input type="checkbox"/> Document Management	<input type="checkbox"/> Security	<input type="checkbox"/> Other

Do you provide installation and maintenance services? (Please check one): Yes No

Do you buy from a distributor? (Please check one): Yes No

If you answered yes, which distributor(s)? _____

Please list manufacturers with whom you currently have reselling or joint marketing agreements:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

In the area of Document Management, Records Management and Document Handling Solutions, which products and services do you currently offer?

Which of your products or services do you consider to be most complementary to Omtool's products?

Please list all Certifications your company has (i.e. Microsoft Solutions Provider, Oracle, SAP, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

We will require sales training for your sales representatives and pre-sales engineers. Do you have the facilities to host on-site training? Yes No

If so, how many people can the training facility accommodate? _____

How does your company provide your customer's post sales support? (Please check all that apply):

Phone On-site Web-Knowledgebase No support provided

Hours / days provided? _____

Describe why a reseller relationship with Omtool is strategic to your business plan

Does your company host seminars or training functions? Yes No

What is your company's approximate annual sales volume? (Please check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$100,000 | <input type="checkbox"/> \$100,000 - \$200,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$500,000 - \$1,000,000 | <input type="checkbox"/> \$1,000,000 - \$2,000,000 | <input type="checkbox"/> \$2,000,000 - \$3,000,000 |
| <input type="checkbox"/> \$3,000,000 - \$5,000,000 | <input type="checkbox"/> Over \$5,000,000 | |

Number of employees: _____ Number of Sales Personnel: _____

Number of Pre-Sales Engineers: _____

How long has your company been in business? _____

Which geographical markets does your company serve? _____

Credit Information

Have you had a prior reselling relationship with Omtool, Ltd. before? Yes No

If yes, under what account name/number? _____

Description of Business: Sole Partnership Partnership Corporation

Please give State of Incorporation: _____

Business Trade Name: _____

Dunn & Bradstreet Number: _____

Official "Bill To" Address:

Company Name: _____

Address: _____

City or Province: _____ State: _____

Zip or Postal Code: _____

Official "Ship To" Address:

Company Name: _____

Address: _____

City or Province: _____ State: _____

Zip or Postal Code: _____

If you are located in CA, CT, FL, GA, IA, IL, IN, KS, KY, MA, MD, MI, MN, NC, ND, NE, NJ, NY, NV, OH, OK, PA, SD, TX, WA, WI, WV and Canada, please send your resale certificate with this application.

How do you plan to market Omtool products?

How are your sales people compensated for 3rd party products such as Omtool?

What is your demonstration methodology?

Do you currently finance any of your computer products through a leasing company? Yes No

Do you currently offer a leasing program to your customers? Yes No

If yes, through what company?:

Company Name: _____
Contact Name: _____
Phone Number: _____

Complete this section to open a new account (indicate preference):

Pre-paid (credit card, wire transfer) C.O.D (Company Check)
 Net Terms. . .Credit Line Amount? _____

Complete this section to update your existing account (indicate preference):

Change C.O.D to Net Terms Credit Line Amount? _____
 Increase Net or C.O.D Credit Line Amount? _____

Principal Information: (Owner/Partner) – Use separate sheet if needed to list 100% ownership

Owner/Partner Name: _____
% of Ownership: _____
Address: _____
City or Province: _____ State: _____
Zip or Postal Code: _____

Have you ever filed for bankruptcy?

Personal Yes No If yes, date filed: _____
Business Yes No Status: _____

Owner/Partner Name: _____
% of Ownership: _____
Address: _____
City or Province: _____ State: _____
Zip or Postal Code: _____

Have you ever filed for bankruptcy?

Personal Yes No If yes, date filed: _____
Business Yes No Status: _____

Bank References: (Please Complete Fully)

Bank Name: _____
Address: _____
City or Province: _____ State: _____
Zip or Postal Code: _____
Telephone #: _____

Fax #: _____
Account Officer's Name: _____
Checking Account #: _____
Savings Account: _____
Loan #: _____

If your company does not have a Dunn & Bradstreet number Trade References must be provided to be considered for obtaining credit with Omtool, Ltd.

Trade References: (related industry purchases during the past 12 months)

Contact: _____
Company Name: _____
Address: _____

City or Province: _____ State: _____
Zip or Postal Code: _____
Telephone #: _____
Fax #: _____

Contact: _____
Company Name: _____
Address: _____

City or Province: _____ State: _____
Zip or Postal Code: _____
Telephone #: _____
Fax #: _____

Contact: _____
Company Name: _____
Address: _____

City or Province: _____ State: _____
Zip or Postal Code: _____
Telephone #: _____
Fax #: _____

PLEASE SEND A COPY OF PRIOR YEAR'S FINANCIALS.

CURRENT YEAR-END FINANCIAL STATEMENTS MUST ACCOMPANY NET TERM REQUESTS.

Financial statements must include a balance sheet and income statement. Un-audited financial statements must be signed and dated by company's Officer/Owner. The Statements time period must be indicated. **IN ORDER NOT TO DELAY YOUR ORDERING ABILITY, PLEASE MAKE SURE YOU HAVE PROVIDED ALL INFORMATION REQUESTED.** This application and agreement is submitted by applicant to Omtool, Ltd. to obtain trade credit. Omtool, Ltd. reserves the right to decline credit to applicant and in the event credit is extended to applicant, to change or revoke applicant's credit limit on the basis of changes in Omtool, Ltd.'s credit policies or applicant's financial conditions and/or payment record. All sales of product and service by Omtool, Ltd. to applicant will be subject to Omtool, Ltd.'s standard sales terms and conditions. Any variance from those terms and conditions will be effective only if agreed to in writing by Omtool, Ltd. prior to the time products or services are ordered. Customers agree to make payment in full to Omtool, Ltd. for all amounts due according to Omtool, Ltd.'s invoice. Customer also agrees to pay Omtool, Ltd as interest, an amount equal to 1 ½% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should customer default in any such payment(s), Omtool, Ltd. shall have the right without notice to customer, to declare all invoices due and payable. In the event Omtool, Ltd. should commence any action or actions, or otherwise seek to enforce this agreement against the customer, Customer agrees to pay reasonable attorney(s) fees, court costs and other expenses incurred by Omtool, Ltd., whether or not the suit is filed. This agreement is strictly confidential and is not transferable or assignable without prior written consent of Omtool, Ltd. Customer agrees that any change in liability for any debt incurred to Omtool, Ltd. due to a change in customer's form of business shall not be effective as to Omtool, Ltd. until Omtool, Ltd. receives actual notice of the change by certified mail.

Applicant hereby authorizes the release of credit and banking information to Omtool, Ltd. by the references listed on this application.

Signed at: _____
Date: _____
Officer/Owner Signature: _____

Please fax this application to: (978) 659-1300

OFFICE USE ONLY:

Processed by: _____
Date Received: _____
Date Processed: _____
Rating: _____
Credit Limit: _____
Alert Services Activated: Yes No
Credit Limit Approved by: _____