

## New Customer Application for Account with Exaclair, Inc. - For Retailers Only

Please complete and print this application and fax or mail to the address listed above.

<p>Company Name <input style="width: 100%;" type="text"/></p> <p>Resale # <input style="width: 100%;" type="text"/></p> <p>Buyer's Email Address <input style="width: 100%;" type="text"/></p> <p>Billing Address <input style="width: 100%;" type="text"/></p> <p>City, State, Zip <input style="width: 100%;" type="text"/></p> <p>Telephone <input style="width: 100%;" type="text"/></p> <p>Fax <input style="width: 100%;" type="text"/></p> <p>Accounts Payable Email <input style="width: 100%;" type="text"/></p> <p>Do you have a brick &amp; mortar retail location? <input type="radio"/> yes <input type="radio"/> no</p> <p>If yes, how many brick &amp; mortar locations do you have?  <input type="radio"/> 1 location <input type="radio"/> 2-3 locations <input type="radio"/> 4+ locations</p> <p>Retail Location <input style="width: 100%;" type="text"/></p> <p>Website <input style="width: 100%;" type="text"/></p> <p>Do you sell online? <input type="radio"/> yes <input type="radio"/> no</p> <p>What Exaclair brands or products most interest you?  <input style="width: 100%; height: 40px;" type="text"/></p> <p>Company Owner <input style="width: 100%;" type="text"/></p> <p>Authorized Buyers <input style="width: 100%;" type="text"/></p> <p>Partners <input style="width: 100%;" type="text"/></p>	<p>D. B. A. <input style="width: 100%;" type="text"/></p> <p>Fed Tax ID # <input style="width: 100%;" type="text"/></p> <p>Shipping Address <input style="width: 100%;" type="text"/></p> <p>City, State, Zip <input style="width: 100%;" type="text"/></p> <p>Telephone <input style="width: 100%;" type="text"/></p> <p>Fax <input style="width: 100%;" type="text"/></p> <p>Shipping &amp; Receiving Email <input style="width: 100%;" type="text"/></p> <p>Store Description <input style="width: 100%; height: 20px;" type="text"/></p> <p>Years in Business <input style="width: 100%; height: 20px;" type="text"/></p> <p>Do you sell on Amazon or eBay? <input style="width: 100%; height: 20px;" type="text"/></p> <p>What is your storefront name? <input style="width: 100%; height: 20px;" type="text"/></p> <p>Business is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation</p> <p>Method of payment: <input type="radio"/> Net 30 <input type="radio"/> Credit Card</p> <p>How did you hear of Exaclair?  <input type="radio"/> Web <input type="radio"/> Trade Show  <input type="radio"/> Other Retailers <input type="radio"/> Customers requested your products  <input type="radio"/> Other, please explain: <input style="width: 100%; height: 20px;" type="text"/></p>
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***In order to be eligible for terms, please complete the following:***

Trade References (three required, i.e. companies with which your firm has reseller accounts):

Trade Reference # 2

Name
Account #
Telephone
Fax

Trade Reference # 1

Name
Account #
Telephone
Fax

Trade Reference # 3

Name
Account #
Telephone
Fax

**Reseller Agreement**

I/We hereby accept responsibility for invoices being paid within the stated terms. Should litigation be necessary to collect such invoices, court costs and attorneys' fees will be recovered by the prevailing party. The place of performance of this agreement and related orders shall be considered by the parties hereto to be New York, New York.

Signature (Officer Only)  Date

Print Name  Title