



**CORPORATE SALES OFFICE** | 2085 East Foothill Blvd. | Pasadena, CA 91107

**Phone:** (800) 544-1749 **Fax:** (626) 356-1130  
**sales@mscashdrawer.com**

**RESELLER APPLICATION (Net Terms & COD Only)**

COMPANY INFORMATION					
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Other	
COMPANY'S LEGAL NAME		DBA NAME		FEDERAL TAX ID#	
COMPANY WEBSITE		YEAR STARTED		STATE OF INCORPORATION	
MAILING ADDRESS		CITY		STATE & ZIP CODE	
SHIPPING ADDRESS (If different)		CITY		STATE & ZIP CODE	
PHONE NUMBER		FAX NUMBER		RESELLER ID NUMBER	
CONTACT INFORMATION					
PRINCIPLE OWNER NAME AND TITLE			ACCOUNTS PAYABLE NAME		
PRINCIPLE OWNER PHONE			ACCOUNTS PAYABLE PHONE		
PRINCIPLE OWNER FAX			ACCOUNTS PAYABLE FAX		
PRINCIPLE OWNER E-MAIL ADDRESS			ACCOUNTS PAYABLE E-MAIL ADDRESS		
SALES TAX INFORMATION					
Please also complete the Uniform Sales Tax Certificate located on our website and provide a copy of your Sellers Permit or Business License. Florida Customers - provide your Florida Annual Resale Certificate.					
BANK REFERENCE					
BANK NAME	ACCOUNT#	CONTACT	PHONE	FAX	
3 TRADE REFERENCES					
CO. NAME	CONTACT	ADDRESS	CITY, STATE, ZIP	PHONE	FAX
<p>I hereby certify that the information listed above and/or attached is warranted to be true. I authorize M-S Cash Drawer Corporation to request and collect the above bank and trade references to obtain credit information. Should credit be offered, applicant understands and agrees to pay all charges within payment terms as stated on each invoice. Should it become necessary to pursue any delinquent obligation, your Company agrees to pay all costs and fees expended or charged as part of the cost of recovery. At our discretion, interest will be charged on delinquent accounts at the rate of 1.5% per month. A faxed copy of the signature will be considered an original document.</p>					
Applicant Signature:			Date:		
Printed Name:			Title:		



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PAYMENT INFORMATION

<b>TERMS REQUESTED</b>		
<input type="checkbox"/> NET 30 DAY TERMS	<input type="checkbox"/> COD CHECK	<input type="checkbox"/> OTHER
<b>Monthly Credit Limit Desired:</b>		
<i>TO EXPEDITE PROCESSING FOR NET TERMS, PLEASE PROVIDE A COPY OF YOUR LATEST AUDITED FINANCIAL REPORT</i>		
BUSINESS INFORMATION		
<b>ANNUAL SALES VOLUME:</b>	<b>NET PROFIT/LOSS:</b>	
<b>CURRENT ASSETS:</b>	<b>CURRENT LIABILITIES:</b>	
<b>NUMBER OF EMPLOYEES:</b>		
<b>BRIEF DESCRIPTION OF THE NATURE OF YOUR BUSINESS:</b>		
GUARANTEE AGREEMENT		
<p>This guaranty is given by the undersigned ("Guarantor") to M-S Cash Drawer Corporation ("Creditor") to induce Creditor to extend credit to _____ ("Debtor"). Guarantor guarantees to Creditor the prompt payment of all obligations of the Debtor to Creditor. This is a continuing guaranty and will remain in force until revoked by Guarantor by giving notice in writing to Creditor. Revocation will be effective only as to transactions entered into after receipt of notice of revocation by Creditor. This guaranty covers the renewal of the debt guaranteed by this instrument or extensions of time for payment thereof. Guarantor agrees to pay on demand all sums due or to become due by Debtor to Creditor as well as attorney's fees and expenses incurred by Creditor by reason of Debtor's default.</p>		
<b>Executed on (Date):</b>	<b>At (City/State):</b>	
<b>Signature of Guarantor:</b>		
<b>Printed Name of Guarantor:</b>		