



RESELLER APPLICATION FORM

- Do you intend to resell products purchased from Samson Information Technologies (Pvt) Ltd?
 YES NO
- Please insure that all documents are legible and fully completed.
 Accounts are reviewed after six months, after opening.

SECTION A – COMPANY INFORMATION

What is the full, registered name of your company? _____

What is the trading name or "Trading As" name? _____

Is your company the parent or subsidiary of another company? Yes No

If yes, List company and location

What is the full registered address of your company?

Address: _____

City: _____

District: _____ Province: _____

Telephone: _____ Fax: _____

Fax: _____

Internet Web Site Address: _____

What is the trading address of your company?

Address: _____

City: _____

District: _____ Province: _____

Telephone: : _____

SECTION B - COMPANY STRUCTURE

- Private Ltd Co. Public Quoted Public Non Quoted Partnership Sole Proprietorship

State of Incorporation: _____ Company Registration Number: _____

Date business started: _____ Under present ownership since (date): _____

Property: Leased Owned

Customer agrees to notify Samson Information Technologies (Pvt) Ltd, in writing, of any changes of ownership of its business within ten (10) business days.

SECTION C – OWNERS/DIRECTORS INFORMATION (If more than 2, attach an additional sheet.)

Name: _____ Percentage of ownership: _____

Designation: _____ Home Telephone: _____

Home Address: _____ Mobile Telephone: _____

_____ E-mail address: _____

City: _____ NIC / Passport No: _____

Do you have a full or partial ownership of any other, **additional** business? Yes No

If yes, list business name and address:

Have you ever filed for bankruptcy? Yes No If yes, under what name _____ Year? _____

Name: _____ Percentage of ownership: _____

Designation: _____ Home Telephone: _____

Home Address: _____ Mobile Telephone: _____
E-mail address: _____
City: _____ NIC / Passport No.: _____

Do you have a full or partial ownership of any other, **additional** business? Yes No

If yes, list business name and address:

Have you ever filed for bankruptcy? Yes No If yes, under what name _____ Year? _____

SECTION D – OFFICIALS INFORMATION

1. Marketing contact

Name: _____ Designation: _____
Mobile: _____ Telephone: _____

2. Financial contact

Name: _____ Designation: _____
Mobile: _____ Telephone: _____

3. Engineering contact

Name: _____ Designation: _____
Mobile: _____ Telephone: _____

SECTION E – NATURE OF YOUR BUSINESS

1. Is your company in the IT business? Yes No If NO, what is your primary business? _____

Check all of the following categories that best describes your **Company**.

Corporate Reseller Retailer Consultant Other: _____

2. Please select all IT Industry related products you resell at the moment.

HP IBM DELL LENOVO ACER
 LEXMARK CANNON SAMSUNG VIEWSONIC ORACLE OTHER

3. On average, which of the following best describes your company's total monthly IT product **PURCHASES?** (**Check one (1) answer only.**)

Under Rs 500,000 Rs 500,000 – Rs 1,000,000 Rs 1,000,000 – Rs 5,000,000 Rs 5,000,000 – Rs 10,000,000
 Rs 10,000,000 – Rs 20,000,000 Rs 20,000,000 – Rs 50,000,000 Rs 50,000,000 – Rs 100,000,000
 more than Rs100,000,000

4. What are the main market segments your company focuses, if any? (Check **ALL** that apply.)

Government Tourism Financial Institutes Telecom Health Care Trading
 Manufacturing Education Construction Legal Insurance

5. How many people does your company employ? 1-5 6-10 11-20 21-50 51-100 101+

6. Provide a general list of the products you intend to purchase from Samson Information Technologies (Pvt) Ltd for resale to your customers:

SECTION F – FINANCIAL DATA - BANK REFERENCES

Please attach bank statements

Bank account 1

Bank Name: _____

Branch : _____

Account #: _____

Address: _____

City: _____

Contact Person: _____

Person: _____

Telephone: _____ Fax: _____

Bank account 2

Bank Name: _____

Branch : _____

Account #: _____

Address: _____

City: _____

Contact

Telephone: _____ Fax: _____

Bank account 3

Bank Name: _____

Branch : _____

Account #: _____

Address: _____

City: _____

Contact Person: _____

Person: _____

Telephone: _____ Fax: _____

Bank account 4

Bank Name: _____

Branch : _____

Account #: _____

Address: _____

City: _____

Contact

Telephone: _____ Fax: _____

Is there any pending litigation against the company? YES NO

If "Yes", give a brief description: _____

Date of legal action taken: _____

Financial statements for the preceding two (2) years are required for all credit applicants. Financial statements must include balance sheets and income statements. Unqualified financial statements must be certified by the Applicant's Owners/Officers as being true and complete, and prepared in accordance with generally accepted accounting principles. The statements' financial periods **must** be included.

SECTION G – TRADE REFERENCES

Note: A minimum of two IT industry trade references are required for processing this application. A minimum of three references are required to receive credit terms.

Trade reference 1

Company: _____

Address: _____

Contact: _____

Telephone: _____ Fax: _____

Mobile: _____

Trade reference 2

Company: _____

Address: _____

Contact: _____

Telephone: _____ Fax: _____

Mobile: _____

Trade reference 3

Company: _____

Address: _____

Contact: _____

Telephone: _____ Fax: _____

Mobile: _____

SECTION H – METHOD OF PAYMENT

By signing below, the undersigned individual and Applicant each represent that the Applicant is responsible for paying, and financially able to pay, invoices according to the terms and conditions on such invoices. A finance charge of 1.5% per month shall be charged on any past due balance on the Applicant's account. If Samson Information Technologies (Pvt) Ltd ("SIT") is required to institute collection efforts to recover any past due balance, SIT shall also be entitled to collect any costs or expenses it incurs in connection with such efforts, including but not limited to services charges, attorneys' fees and court costs. The undersigned and the Applicant each represent that all information contained herein is true, accurate and complete as of the date provided.

The undersigned individual hereby irrevocably submits to the non-exclusive jurisdiction of the Courts of Sri Lanka, in any action or proceeding arising out of or relating to the subject matter hereof and hereby irrevocably agrees that all claims in respect of such action or proceeding may be heard and determined in any such court.

The undersigned individual and Applicant each hereby authorize the release of all information needed to verify the contents of this application or to otherwise process this application, including but not limited to contacting third parties concerning the credit-worthiness of the applicant and/or the undersigned. In addition, the undersigned individual hereby consents to SIT's use of a consumer credit department report in order to evaluate such individual's credit worthiness as principal, proprietor, guarantor or the like in connection with the extension of credit as contemplated by this application.

Signature	Print Name	Title	Date
_____	_____	_____	_____
Signature	Print Name	Title	Date

SECTION I – ACCEPTANCE OF TERMS

ACKNOWLEDGEMENT

We acknowledge and confirm that:

1. We have answered the questions in this Reseller Application with the correct information.
2. We agree to immediately notify Samson Information Technologies (Pvt) Ltd of any changes in ownership of our business or any other relevant change in the management/finance area of our business as set forth, herein by registered post to Samson Information Technologies (Pvt) Ltd #110, Kumaran Ratnam Road, Colombo 02.
3. All sales of products and services by Samson Information Technologies (Pvt) Ltd to the applicant will be at Samson Information Technologies (Pvt) Ltd's sole discretion.
4. That the Company named above is a computer hardware/software reseller.
5. That we agree upon the payment terms set forth by Samson Information Technologies (Pvt) Ltd, as may be amended from time to time without prior written notice at Samson Information Technologies (Pvt) Ltd's sole discretion.
6. That I am an authorized representative for execution of this Agreement.

Company Name

Company Officer Signature

Print Company Officer Name

Company Officer Title

Date

Thank you for the interest you have shown in Samson Information Technologies (Pvt) Ltd. We look forward to working with you.



Samson Information Technologies (Pvt) Ltd



Corporate Office: #110, Kumaran Ratnam Road, Colombo 02
Colombo Branch: # 34A, Wijerama Mawatha, Colombo 07
Galle Branch: #115, Old Matara Road, Pettigalawatta, Galle
Contact No. 011 4380599, 0777 376004
info@samsoninfotec.com

