

Reseller Application Form



COMPANY DETAILS

FULL LEGAL COMPANY NAME

TRADING NAME (IF DIFFERENT FROM ABOVE)
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ADDRESS DETAILS

PHYSICAL ADDRESS	SUBURB	CITY
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POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)	SUBURB	CITY
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BUSINESS CONTACT DETAILS

TELEPHONE	FACSIMILE	MOBILE
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WEBSITE ADDRESS	MAIN OFFICE EMAIL ADDRESS
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DIRECTORS AND MANAGERS DETAILS

CONTACT 1

CONTACT 1 - FULL NAME	CONTACT 1 - EMAIL ADDRESS
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CONTACT 1 - TITLE / POSITION IN COMPANY	CONTACT 1 - PRIMARY CONTACT NUMBER
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CONTACT 2

CONTACT 2 - FULL NAME	CONTACT 2 - EMAIL ADDRESS
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CONTACT 2 - TITLE / POSITION IN COMPANY	CONTACT 2 - PRIMARY CONTACT NUMBER
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ADDITIONAL COMPANY INFORMATION

WHAT IS YOUR CORE BUSINESS FUNCTION

TOTAL NUMBER OF IT PERSONNEL	TOTAL NUMBER OF SALES PERSONNEL	NUMBER OF YEARS IN BUSINESS	PRIMARY LOCATION
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PLEASE SELECT AREAS OF EXPERIENCE:	<input type="checkbox"/> [Win95/98/ME/NT] [Win2000/2003/XP] [Vista] (Cross OS that do not apply) <input type="checkbox"/> Linux <input type="checkbox"/> Mac <input type="checkbox"/> Unix <input type="checkbox"/> Novell <input type="checkbox"/> Solaris <input type="checkbox"/> Exchange Server / Mail <input type="checkbox"/> MS SQL <input type="checkbox"/> Small Business Server <input type="checkbox"/> Oracle Database <input type="checkbox"/> Lotus / Domino <input type="checkbox"/> MySQL
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BACKUP SYSTEMS CURRENTLY PROVIDING TO CLIENTS

<input type="checkbox"/> Tape <input type="checkbox"/> CD/DVD <input type="checkbox"/> Pen Drive <input type="checkbox"/> USB External Hard Drive <input type="checkbox"/> To Another PC <input type="checkbox"/> Floppy <input type="checkbox"/> Across a WAN <input type="checkbox"/> Other - Please Specify _____	FOR OTHER : COMMENT HERE
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Do you currently use any existing online backup providers? <input type="checkbox"/> Yes <input type="checkbox"/> No	DETAILS - WHO : WHERE : WHAT : HOW
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REFERENCES

Please provide at least 3 references you have credit history with that you are happy for us to contact about your business
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COMPANY 1 NAME	CONTACT NUMBER	RELATIONSHIP
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COMPANY 2 NAME	CONTACT NUMBER	RELATIONSHIP
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COMPANY 3 NAME	CONTACT NUMBER	RELATIONSHIP
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This form is an application to become a Nexus Reseller and has no guarantee of acceptance. For your application to be approved without delays, please complete as much of the form as possible. If your application is successful you will be sent a complete Reseller Agreement which includes full Terms and Conditions including Wholesale rates and commissions. Upon receiving back a completed signed agreement, you will be issued with a Reseller Starter Pack including manuals, software, how to guide and much more. This application does not bind you to any obligation with Nexus Data Limited and you can withdraw your application at anytime.

Declaration
 I / We certify that the information given above is true and correct and understand that this application is not an agreement and does not guarantee me acceptance to receive a Nexus Reseller Agreement and in no way binds me to any obligation with Nexus Data Limited. I / We authorise Nexus Data Limited to contact any of the above mentioned References for credit purposes, and certify that I am duly authorised to complete and sign this application for the above mentioned company making this application.

PRINT NAME	TITLE
SIGNATURE	DATE