

**KING TECHNOLOGIES INC. ELITE DEALER APPLICATION**



Thank you for your interest in the King Technologies Elite Dealer Program. Please complete the following application in its entirety and submit to King Technologies either by fax, 731.855.3591, or by email, [LindaT@Kingtechnologies.com](mailto:LindaT@Kingtechnologies.com). King Technologies shall indicate its "acceptance" of Dealer's Application by providing written notification by e-mail including the date of acceptance. King Technologies reserves the right to reject the Application for any reason.

\*Required Field

**\*Company Information**

Contact Last Name	
Contact First Name	
Title	
Email Address	
Company Name	
D/B/A Names (if any)	
<b>Billing Address</b>	
City, State, Zip	
Telephone Number	
Fax Number	
<b>Shipping Address</b>	
City, State, Zip	
Telephone Number	
Federal Tax ID#	
Date company was founded (MM/DD/YYYY)	
Number of employees	

**\*Company Type**

<b>If a Corporation:</b> State of Incorporation	
<b>If a Corporation:</b> Corporation Name	
<b>If a Corporation:</b> Date Incorporated (MM/DD/YYYY)	
<b>If a Partnership or Limited Liability Company (LLC):</b> State of Registration	
<b>If a Partnership or LLC:</b> Partner Name #1	
<b>If a Partnership or LLC:</b> Social Security Number/FEIN	
<b>If a Partnership or LLC:</b> Partner Name #2	
<b>If a Partnership or LLC:</b> Social Security Number/FEIN	
<b>If a Sole Proprietorship:</b> State of Registration (if any)	
<b>If a Sole Proprietorship:</b> Social Security Number of Proprietor:	

**\*Product Applications \* Mark The Products Below That You are Requesting To Purchase for Resale\***

Is applicant an existing Allworx Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Please circle Certifications	6X	48X				
Is applicant an existing Vertical Comdial / Vodavi Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Please circle Certifications	DX-120	MP5	FXII	INTERCHANGE	SBX	MBX

Is applicant an existing Samsung Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please circle Certifications	OS7030 OS7200-S OS7100 OS7200 OS7400	SVMI-E VOIP
Is applicant an existing NEC Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please circle Certifications	DSX 40 DSX 80 DSX 160	
Is applicant an existing Teltronics Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please circle Certifications	VCSE100	
Is applicant an existing Xblue Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please circle	X16	
Is applicant an existing Panasonic Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please circle Certifications	KX-TA824 KX-TDA-50G KX-TDA100/200/600	KX-TDE100/200/600 KX-NCP KX-TVA50 / KX-TVA200

**\*Please List Other Products You Currently Sell, Install & Service:**


**\*Main Principal Owner(s)**

Name	Location

**\* Branch Locations**

Name	Phone	Address	City	State	Zip	Country

**\*Company Contacts**

Name	Title	Location	Email

**\*Revenue Forecasting (Dealer Cost)**

**\*THE FORECAST IS FOR INVENTORY FORECASTING PURPOSES ONLY\* NOT A COMMITMENT\***

Vertical Comdial & Vodavi New Products	* Revenue Forecasting (\$ Dollar Amount \$)				
	1Q \$	2Q \$	3Q \$	4Q \$	Total \$
FX II					
MP 5000					
DX-120					
SBX					
MBX					
<b>New Product Totals:</b>					

<b>Allworx New Product</b>		<b>* Revenue Forecasting (\$ Dollar Amount \$)</b>			
	<b>1Q \$</b>	<b>2Q \$</b>	<b>3Q \$</b>	<b>4Q \$</b>	<b>Total \$</b>
<i>6X Server</i>					
<i>48X Server</i>					
<b>New Product Totals:</b>					
<b>Samsung New Products</b>					
		<b>* Revenue Forecasting (\$ Dollar Amount \$)</b>			
	<b>1Q \$</b>	<b>2Q \$</b>	<b>3Q \$</b>	<b>4Q \$</b>	<b>Total \$</b>
<i>OS7030</i>					
<i>OS7100</i>					
<i>OS7200S</i>					
<i>OS7200</i>					
<i>OS7400</i>					
<i>SVMI-E</i>					
<b>New Product Totals:</b>					
<b>Teltronics New Products</b>					
		<b>* Revenue Forecasting (\$ Dollar Amount \$)</b>			
	<b>1Q \$</b>	<b>2Q \$</b>	<b>3Q \$</b>	<b>4Q \$</b>	<b>Total \$</b>
<i>VCS<sub>e</sub>100</i>					
<i>Amplifi</i>					
<b>New Product Totals:</b>					
<b>NEC DSX New Product</b>					
		<b>* Revenue Forecasting (\$ Dollar Amount \$)</b>			
	<b>1Q \$</b>	<b>2Q \$</b>	<b>3Q \$</b>	<b>4Q \$</b>	<b>Total \$</b>
<i>DSX 40</i>					
<i>DSX 80</i>					
<i>DSX 160</i>					
<b>New Product Totals:</b>					
<b>Xblue X16 New Product</b>					
		<b>* Revenue Forecasting (\$ Dollar Amount \$)</b>			
	<b>1Q \$</b>	<b>2Q \$</b>	<b>3Q \$</b>	<b>4Q \$</b>	<b>Total \$</b>
<i>X16 Server</i>					
<i>X16 Phones</i>					
<b>New Product Totals:</b>					
<b>Panasonic New Product</b>					
		<b>* Revenue Forecasting (\$ Dollar Amount \$)</b>			
	<b>1Q \$</b>	<b>2Q \$</b>	<b>3Q \$</b>	<b>4Q \$</b>	<b>Total \$</b>
<i>KX-TA824</i>					
<i>KX-TDA-50G</i>					
<i>KX-TDA100/200/600</i>					
<i>KX-TDE100/200/600</i>					
<i>KX-NCP</i>					
<i>KX-TVA50 / KX-TVA200</i>					
<b>New Product Totals:</b>					

**Thanks you for choosing King Technologies, Inc.**

Which of the following Sales Representatives told you about our Reseller program?

- Donna Plunkett     Sherri Penny     John Bogue     Micah Hoskins

King Technologies, Inc. accepts the following methods of payment: COD (anything over \$250.00 will be COD Certified Funds); Check in Advance (over \$250 Certified Funds); Credit Card (Visa, MasterCard, American Express, and Discover) or Net 30 (see Credit Terms).

**\*\*\*\*\*Certificate Of Resale \*\*\*\*\***

The State of Tennessee requires us to have a copy of your Resale Tax Exempt Certificate on file. Please forward a copy with the application. If you have questions regarding this requirement, please call the Tennessee Department of Revenue at 1.800.342.1003

**Credit Card Information**

I wish to use the credit card below for all orders, authorizing King Technologies to charge the credit card below for payment.

Card Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/>	Account Number:
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Name on Card:	Expiration Date:	Security Pin:
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Billing Address:

City:	State:	Zip:
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**Credit Terms**

A Credit Application must be provided and approved by our Credit Department for any open Net30 terms. King Technologies reserves the right to withhold credit. In the absence of prior agreement, terms on open accounts are due within 30-days of invoice date (Net 30 days). Open accounts that are past due 60 days are placed on CREDIT HOLD and any account over 90 days past due will be placed with COLLECTIONS. Returned checks are subject to a \$30.00 returned check fee. A finance charge up to the highest rate allowed by law may be charged to all past due balances. Any notification of discrepancies with the account should be directed to Accounts Receivable.

Attention: Brenda Bell

800.489.7372 x 212

[BrendaB@kingtechnologies.com](mailto:BrendaB@kingtechnologies.com)

**\*SIGNATURE REQUIRED**

**Your Resale Tax Exemption Certificate must be faxed or emailed prior to your application being approved; if it is not already on file with King Technologies Inc.**

**Fax this application to (731) 855-3591. If you have questions, call 800-489-7372 x 203**

By signing this Reseller Agreement (the "Agreement"), the undersigned (as named above) hereby acknowledges that they have read, and understand its content, and further acknowledges this to be a legal and binding agreement between the undersigned and King Technologies Inc. This Agreement constitutes the entire agreement between the parties and can only be amended in writing by duly authorized representatives of the Parties.

Being a principal and or duly authorized Officer of the above entity, by signing below, I hereby certify that all statements contained herein are true and complete and I agree to accept the responsibility for any debt owed to King Technologies, Inc. currently, as well as any debt incurred by your company in the future. The Applicant agrees to pay the costs of collection, finance charges, including reasonable attorneys' fees, should such action be required for King Technologies to collect on Applicant's accounts. (All information is kept confidential)

Application completed by <u>printed name</u> : (Principal or duly authorized officer ONLY)	Authorized Signature: (Principal or duly authorized officer ONLY)
<b>Title</b>	<b>Title</b>
<b>Date</b>	<b>Date</b>
<b>Printed Signature</b>	<b>Signature</b>