



**RESELLER/CREDIT APPLICATION
PRINTER PRODUCTS**

**PART 1: TO BE COMPLETED BY RESELLER
PLEASE TYPE OR PRINT**

**RETURN TO: CREDIT DEPT. credit@impressionsolutions.com
OR by FAX: (662) 245-1170**

Completion of a reseller application and/or service training does not commit authorization of a reseller. Reseller can only be authorized by proper execution and approval of a Impression Solutions, Inc. Re-Seller Agreement.

CHECK APPROPRIATE BOX			
New Application	Territory Change	Cancellation	Correction
Credit Up-Date	Effective Date	Address Change	Name Change

How long in Business/Year Founded: _____

FIRM NAME TRADE STYLE (T/A OR DBA)

STREET ADDRESS TELEPHONE FAX

CITY STATE ZIP COUNTY

Web Address: _____

PLEASE CHECK ONE	INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	FEDERAL TAX NO (CORP.)	RESALE TAX NUMBER
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CORPORATION _____

PRESIDENT (Spouse) (Home Address) (City) (State) (Zip)

VICE PRESIDENT (Spouse) (Home Address) (City) (State) (Zip)

TREASURER (Spouse) (Home Address) (City) (State) (Zip)

SECRETARY (Spouse) (Home Address) (City) (State) (Zip)

PARTNERSHIP/PROPRIETORSHIP _____

(Owner) (Spouse) (Home Address) (City) (State) (Zip)

(Owner) (Spouse) (Home Address) (City) (State) (Zip)

BILL TO:			SHIP TO:		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

MAILING LIST INFORMATION _____
(Individuals to receive pricing, catalogs, support literature, etc)

SALES CONTACT Address () - Phone Number Email Address Title

City State Zip Code

SERVICE CONTACT Address () - Phone Number Email Address Title

City State Zip Code

ACCOUNTS PAYABLE Address () - Phone Number Email Address Title

City State Zip Code

SALES TAX STATUS

Taxable

Exempt

If tax exempt, please include a signed copy of current tax-exempt certificate(s). We must charge sales tax unless certificate is received.

If we are shipping to one of the following states; certain tax laws require that we charge and collect sales and use tax: *(unless you have a certificate)*
Alabama, California, Connecticut, Washington DC, Florida, Georgia, Hawaii, Illinois, Maryland, Massachusetts, Mississippi, North Dakota, New Jersey, New Mexico, New York, Nevada, Oklahoma, Tennessee, Texas and Virginia.

CREDIT LIMIT REQUEST

PLEASE NOTE: ALL FIRST ORDERS "NEW RESELLERS" WILL BE C.O.D. OR CC (If credit card MUST complete page 5).

COD

CREDIT CARD

\$2,500

\$5,000

\$10,000

OTHER

If Credit Card please complete page 5.

If other, please specify \$ _____

TRADE REFERENCES

Give only the names and addresses of those you buy from on open account terms and the percentage of total purchases that each represents

(Name) 1 (Address) (City) (State) (Zip)

(Contact) (Telephone) (Fax Number) (Account #)

(Name) 2 (Address) (City) (State) (Zip)

(Contact) (Telephone) (Fax Number) (Account #)

(Name) 3 (Address) (City) (State) (Zip)

(Contact) (Telephone) (Fax Number) (Account #)

BANK REFERENCES

(Bank Name) (Address) (City) (State) (Zip)

(Personal Contact) (Telephone) (Fax Number) (Account #)

(Bank Name) (Address) (City) (State) (Zip)

(Personal Contact) (Telephone) (Fax Number) (Account #)

**Please attach a signed and dated copy of your latest audited year end and interim financial statements.
This Application must be signed and dated at the bottom of page 3 prior to processing.**

PAYMENT INFORMATION

Is your company interested in submitting payments electronically?

YES NO

If yes, who may we contact?

Name: _____

Phone number: _____

RESELLER TERMS OF SALE

Impression Solutions Inc. (hereinafter "ISI") and the Reseller, named on the attached Application, agree that if Reseller's Application is approved by ISI, then the sale of the Products shall be governed by these Terms of Sale.

Term - This Reseller relationship will commence on the date of the acceptance by ISI and will continue in perpetuity unless cancelled by either parties. Either party shall have the absolute right to cancel this relationship at any time, for any reason, with written notice to the other party.

Authorized Product(s) - Reseller shall only be authorized to purchase from ISI the printers and related Products ("Products") that are sold Authorized Reseller by ISI. ISI shall have the absolute right to not sell or discontinue the sale of any Products to Reseller at any time. By written notice to Reseller, ISI may limit the geographical areas in which Reseller may sell certain, or all, Products.

Prices, Payment, and Shipping Terms - The purchase prices for the Products and the terms of payment shall be set forth on the Reseller price list which ISI may change with notice to Reseller. ISI shall ship the Products in accordance with its normal shipping policies and procedures. ISI reserves the right to allocate the Products in any manner it deems appropriate.

Warranty - ISI will provide Reseller with copies of the Reseller Warranties for the Products. THESE WARRANTIES SHALL BE IN LIEU OF ANY OTHER WARRANTIES EXPRESSED OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND ISI SHALL NOT BE LIABLE FOR ANY SPECIAL OR CONSEQUENTIAL LOSSES OR DAMAGES ARISING OUT OF THE USE OR, OR INABILITY TO USE, ANY PRODUCTS PURCHASED HEREUNDER. Reseller shall assist ISI in carrying out its end user warranty policies and procedures for the Products.

Service - Prior to being authorized by ISI to purchase and sell certain Products, or to continue to sell certain Products, Reseller will be required to meet ISI service criteria and requirements.

Security Interest - If ISI extends credit to reseller, then Reseller shall grant ISI a continuing security interest in the products, now owned or hereinafter acquired from ISI and the proceeds there from. Upon a request for credit, Reseller shall execute a standard security agreement, UCC financing statements, and any other documents necessary to perfect ISI's security interest.

Trademarks - Reseller acknowledges the validity of the trademarks affixed to the Products, and they are exclusively owned by Kyocera Mita, an affiliated company, or that ISI has the right to use such trademarks. Nothing contained herein shall give Reseller any interest or right in the trademarks or other trade names affixed to the Products. While the Reseller relationship is in effect, Reseller may hold itself out as "An Authorized Reseller of Kyocera Mita Printer Products." Reseller may not represent itself as an Authorized Kyocera Mita Dealer, an Authorized ISI Dealer, nor may it use :Kyocera," "Mita," "Kyocera Mita," "ISI," or Impression Solutions, Inc."As part of its corporate trade or business name, or in any manner not approved or authorized by ISI. When this relations ends, then Reseller shall no longer hold itself out or represent to the public that it is an authorized Reseller of ISI or Kyocera Mita printer products, or use the Kyocera Mita or ISI name or logo in any way.

Delays - ISI shall not be liable for damages or delays caused by strikes, venders, lock-outs, accidents, delays in manufacturing, delays in carries, acts of God, governmental action, or allocation of Products.

Miscellaneous - A) Reseller is an independent contractor. This relationship shall not create a partnership, franchise, or agency between ISI and Reseller, and no act or obligation of either party shall in any way bind the other, except as expressly set forth herein. **B)** If Reseller's purchase order contains terms and conditions which vary or are inconsistent with theses terms, then theses terms shall govern. **C)** No interest or right hereunder may be assigned by Reseller with out the prior written consent of ISI. **D)** Reseller shall be responsible for all finance charges at 1.5% or maximum allowed per state laws of all accounts that exceed the stated terms, and all other cost, including reasonable attorney's fees, for collecting for unpaid Products, or of any other disputes with Reseller. **E)** Copies of this Agreement that bear an authorized signature, which are received by facsimile machine shall be binding on the signing Party. **F)** These Terms of Sale set forth the entire understanding of the parties which will be governed and construed by the laws of Mississippi, and may be amended from time to time with written notice to the Reseller. **G)** Return and cancelation policy may vary and/or be subject to guidelines of price list policy and/or subject to a ten percent restocking fee on certain orders. This policy will be based upon ISI's discretion on any orders placed or shipped. **H)** All new reseller accounts will be shipped C.O.D., cash with order, cashier's check or credit card until credit is approved.

Acceptance of Terms if Sale and Authorization for Release of Credit Information - Reseller hereby agrees to the above Terms of Sale. In addition, authorization and consent are hereby given by Reseller for any organization which does business with Reseller to release credit and financial information about Reseller to Impression Solutions, Inc.

(Reseller's Authorized Representative's Signature)

(Title)

(Date)



401 Yorkville Road East - Columbus, MS 39702

Voice: 662-244-6699
Fax: 662-245-1170
Please Fax Back to
The Attention Of:
Credit Department
Operations Manager

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Re: Account Number _____

I here by authorize any duly authorized representative of ISI bearing this release, or copy thereof within one year of its date, to any banking information in your files. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of obtaining credit with ISI. I hereby release you, as the custodian of such records, your employers, officers, employees, and relate personal, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to this company and its associates because of compliance with this authorization and request to release information, or an attempt to comply with it. I am furnishing my Account Number on voluntary basis with the understanding such is not required by statue or regulation. I understand that ISI will use this number only to assist in the determination of whether this company meets the standards set forth by ISI in obtaining credit for which I am applying. Should there be any questions as the validity of this release, you may contact me as indicated below.

I have read the above release and agree to the terms and conditions therein.

Company Name: _____

Current Address: _____

Telephone Number: _____

Full Name & Title: _____
(Signature)

Full Name & Title: _____
(Typed or Printed)



401 Yorkville Road East - Columbus, MS 39702

Voice: 662-244-6699

Fax: 662-245-1170

Please Fax Back to

The Attention Of:

Credit Department

Operations Manager

Or Email to:

credit@impersionsolutions.com

CREDIT CARD AUTHORIZATION

1) Credit card #: _____ Exp. Date: _____

TYPE OF CARD:

MASTER CARD

VISA

AMERICAN EXPRESS

2) Credit card #: _____ Exp. Date: _____

TYPE OF CARD:

MASTER CARD

VISA

AMERICAN EXPRESS

I _____ (Full name as it appears on the credit card)
authorize Impression Solutions, Inc. to charge my credit card(s) for monies I owe Impression Solutions Inc.
for equipment and / or parts and / or services provided by Impression Solutions, Inc.

(Signature)

(Date)

**A copy of credit card (front and back) and cardholder's picture ID are required with this form.
Signature above must match signature on card.**