

You May Type Directly into this form and Print.

Once Completed, Print - Sign & Fax or Email

Please Allow 3-4 Business Days for processing.



To:

Infinite Technology Systems, Corp

Tel: +1.321.233.1422

Fax: ~~+1.309.210.1543~~ +1.321.248.0414

Email: [accounts@itsyscorp.com](mailto:accounts@itsyscorp.com)

From:

Company Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Application Checklist: The following must be completed

Credit Card Authorization Form
Reseller Application (Fully Completed & Signed)
Completed and Signed Uniform Sales & Use Tax Certificate for each state you are in.
Financial Documents (Optional)
Any Other Documents _____

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



### CREDIT CARD AUTHORIZATION

This form has to be fully completed in order for your application to be processed within good Time.

COMPANY NAME	
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**Credit Card Detail:**

CARD TYPE	PERSONAL CARD		BUSINESS CARD	
CARD PROVIDER	VISA	MASTERCARD	AMEX	DISCOVER
CARD NUMBER			EXPIRY DATE (MM/YY)	
NAME ON CARD			SECURITY CODE	

**Card Billing Details:**

STREET ADDRESS				
CITY		STATE		ZIP CODE

**Authorization Signature:**

I hereby authorize as the cardholder of above listed card to have my credit card saved in your file.

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Signature

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Date

Please note: *The cardholder must be one of the owners/officers named on the reseller application*



**RESELLER APPLICATION**

**Section A: Business Information**

Legal Business Name (As it appears on Business License)			
Business Trade Name (If different from above)			
Date Business Established (DD/MM/YY)	Federal Tax ID (EIN #)	Reseller Certificate Number	
Business Street Address (NO PO Boxes)	City	State	Zip Code
Billing Address (If different from Above)	City	State	Zip Code
Business Phone Number	Business Fax Number	Business Toll Free # (If Applicable)	
Purchaser Contact Name	Contact Number (State Ext if any)	Contact Email Address	
Purchaser Contact Name	Contact Number (State Ext if any)	Contact Email Address	

**Section B: Payment Terms**

<b>Terms Requested</b> <i>*Please make at least one selection to your preferred payment terms.</i>	Credit Card (Visa, Mastercard, Discover & American Express) Prepay Wire Transfer Net Terms - Credit Limit Request \$ _____ (Will Require review and approval)
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**Section C: Type of Business**

<b>Type of Business (Please Check One)</b>			
Corporation State of Incorporation	Sole Proprietorship State of Registration	Partnership State of Registration	Limited Liability Corp State of Registration
Is there a Parent Company	Yes, Name of Parent Company _____ No		
Is there a Subsidiary	Yes, Name of Subsidiary _____ No		

**Section D: Business Ownership**

*By signing this application, customer agrees to notify Infinite Technology Systems, Corp of any changes of its business's ownership within 20 business days, as set for the herein by FedEx or UPS to the following address: Infinite Technology Systems, Corp , 1470 Tropic Park Drive, Sanford, FL 32773 USA*

<b>List All owners with 25% of greater ownership in business</b>	
Owner 1	Percentage of Ownership _____ %
Owner 2	Percentage of Ownership _____ %
Owner 3	Percentage of Ownership _____ %
Owner 4	Percentage of Ownership _____ %



**Section E: Additional Ownership Information (If credit card or Prepay Wire Transfer requested please skip to next section)**

The undersigned individual(s), who is/are the principal(s) of the credit applicant or a sole proprietor of the credit applicant, recognizing that his or her individual credit history maybe a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by above named business credit grantor in the credit evaluation process.

Owner 1	Social Security Number		
Home Street Address	City	State	Zip Code
Owner 2	Social Security Number		
Home Street Address	City	State	Zip Code

**Section F: Bank and Trade References**

Check here if you have attached a separate Bank and Trade Reference Document rather than completing below	
Bank Name	Account Manager Name
Bank Address (Branch Address)	Checking Account #
Bank Phone Number (Branch Phone)	Savings Account #
Bank Fax Number (Branch Fax)	Line of Credit Account # (If Applicable)
1. Company Name	2. Company Name
Company Address	Company Address
Company Phone #	Company Phone #
Company Fax #	Company Fax #
Account Number (If Applicable)	Account Number (If Applicable)
Contact Name	Contact Name



This application and agreement is submitted by applicant to Infinite Technology Systems, Corp, a Florida Corporation to obtain trade credit. In the event credit is extended to applicant, Infinite Technology Systems, Corp reserves the right at any time thereafter to change or revoke such credit for any reason, including but not limited to applicant's financial condition, applicants payment record, etc. All product sales by Infinite Technology Systems, Corp to application will be subject to Infinite Technology Systems, Corp standard Sales Terms and Conditions. In the event Infinite Technology Systems, Corp should commence any action or actions or otherwise seek to enforce this agreement against customer, customer agrees to pay reasonable attorney(s) fees, court costs, and other expenses incurred by Infinite Technology Systems, Corp, whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without prior consent of Infinite Technology Systems, Corp.

**Signature Section:**

Applicant hereby agrees to the foregoing and authorizes the release of credit and banking information to Infinite Technology Systems, Corp by the references listed in this application. In order to avoid and delays for this application please ensure the below is completed.

\_\_\_\_\_  
Owner/Partner/Officer Name & Title - Please Print  
(Required)

\_\_\_\_\_  
Owner/Partner/Officer Name - Signature  
(Required)

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This Space intended to be left empty.  
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