

AUTHORIZED ACCOUNT APPLICATION

Please complete and submit the application below to become an authorized provider or servicer of JAR Systems products.

We look forward to working with you!

GENERAL INFORMATION

Company Name: _____ Phone: _____ Email: _____

Street Address: _____ Web Address: _____

_____ Fax Number: _____

City: _____ State: _____ Zip Code: _____ Federal Tax ID #: _____

Type of Business: _____ Dunn \$ Bradstreet #: _____ Date Started: _____

Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Number of Employees: _____ Gross Sales in Past 12 Months _____ Referred By: _____

AUTHORIZED BUYERS

Name, Title: _____ Phone: _____ Fax: _____ Email: _____

Name, Title: _____ Phone: _____ Fax: _____ Email: _____

Name, Title: _____ Phone: _____ Fax: _____ Email: _____

GENERAL QUESTIONNAIRE

Which categories best describe your company's business?

☐ Reseller ☐ OEM ☐ Manufacturer ☐ Distributor ☐ Integrator/Services Provider

☐ Other, Please Specify: _____

How did you hear about JAR Systems products? (Please list source i.e. customer inquiry, trade show, marketing materials)

What percentage of your company's revenue is derived from the following sources?

Service/Support: _____ Mobile Devices: _____ Desktops: _____ Servers: _____ Online Sales: _____ Other: _____

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APPLICATION RETURN INFORMATION

JAR Systems, LLC

ATTN: Channel Management Team
3125 Lakewood Ranch BLVD, STE 101
Lakewood Ranch, FL 34211

Phone: (866) 393-4202
Fax: (813) 489-4335
Email: Sales@JAR-Systems.com

Upload this application online:
www.JAR-Systems.com/Submit

RESELLER QUESTIONNAIRE

The reseller questionnaire is necessary only for applicants who intend on reselling JAR Systems products.

Please enter the percentage of sales in each of the main vertical markets your company focuses on for its sales targets.

K-12 Education: _____ Higher Ed: _____ Government: _____ SMB: _____ Commercial: _____ Medical: _____

Other, Please Specify: _____

What contracts are you on? Federal: _____ State: _____ Other, Please Specify: _____

What percentages of your company's purchases are from the following sources? (Check all that apply)

AB Distributing: _____ Tech Data: _____ Synnex: _____ Liquid PC: _____ Ingram Micro: _____

Douglas Stewart: _____ Manufacturer Direct: _____ Other, Please Specify: _____

Please list all of the websites that your company currently operates:

What services and support do you currently offer your customers?

How many sales representatives are employed by your organization?

Inside: _____ Outside: _____

Which of the following hardware manufacturers have authorized you to resell their computer products?

☐ HP ☐ Lenovo ☐ Dell ☐ Samsung ☐ ASUS ☐ Apple

Other, Please Specify: _____

SERVICE PROVIDER QUESTIONNAIRE

The service provider questionnaire is necessary only for applicants who intend on providing services for JAR Systems products.

Is your company a national service provider?

☐ Yes ☐ No, Please Specify Areas Covered: _____

Is your company a "full-service" provider?

☐ Yes ☐ No, Please Specify Services Provided: _____

What industries does your company provide services to?

☐ K-12 Education ☐ Higher Ed ☐ Government ☐ SMB ☐ Commercial ☐ Medical

Other, Please Specify: _____

FOR JAR SYSTEMS ADMINISTRATIVE USE ONLY

Date: _____ Account: _____ Terms: _____

Credit Limit: _____ Account Type: _____ Account Rep: _____

Approved By: _____

RESELLER STATEMENT

The reseller statement is necessary only for applicants who intend on reselling JAR Systems products.

Requirements for Reseller Authorization: (Subject to Change Without Notice)

- Authorized Solution Providers may resell JAR Systems products and accessories solely to customers in the business to business ("B2B") market (i.e. Corporate, Government, Small & Medium Sized Businesses and Educational Institutions).
- Authorized Solution Providers are prohibited from resale of JAR Systems products to other resellers.
- Authorized Solution Providers will quote and order all products through distribution.
- Authorized Solution Providers will abide by JAR Systems' MAP policy.
- Authorized Solution Providers shall sell JAR Systems products solely to business to business customers located in the United States of America if not otherwise stated in the contract.
- Authorized Solution Providers must have outside sales personnel.
- Authorized Solution Providers must provide first level technical support to their end users.
- Authorized Solution Providers will allow JAR Systems sales staff access to their internal and external sales force in an effort to help train and support them in selling these products.

☐ Yes, I Agree By checking this YES box the Reseller agrees to comply with the above requirements and understands the authorization to resell JAR Systems products can be terminated at any time. Furthermore, if the applicant is a corporation, the signature provided, is that of a Principal officer or fully authorized agent. A completed Reseller Application must be returned before an account will be opened, special pricing is quoted, and potential End-user clients and leads are redirected.

I HEREBY CERTIFY, that I hold a valid sellers permit issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling _____: that the tangible personal property which I shall purchase from JAR will be resold by me in the form of personal property: Provided however, that in the event such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay for the tax measured by the purchase price of such property.

Name: _____ Title: _____ Signature: _____ Date: _____

TERMS OF AGREEMENT

All applicants must complete the terms of agreement section for consideration.

Your Signature Authorizes JAR to obtain all credit information that JAR deems necessary to process an application. Application must be signed in order to be processed.

Applicant represents and warrants that the information continued in this application is true, accurate, and complete and acknowledges that any misstatement or omission shall subject the applicant to adjustment or termination of credit terms or terms of sale at the sole discretion of JAR Systems LLC (JAR). Applicant shall provide JAR with updated credit information, as necessary and/or requested by JAR, including without limitation, annual financial statements.

In the event the applicant's application for credit with JAR is approved, in JAR's sole discretion, applicant shall and hereby does accept and agree to the terms and conditions of sale specified by JAR's Sales invoice, which may be changed from time to time without further notice to applicant, including without limitation, the granting of a security interest and limited power of attorney to JAR. Applicant further agrees, that if any invoice is not paid according to terms, applicant's account shall be deemed delinquent and subject to, among other things: (1) suspension of RMA privileges: (2) acceleration: (3) a monthly late charge equal to the maximum legal interest rate: and (4) reevaluation and possible downgrading of credit terms. Applicant agrees to pay all cost of collection including, without limitation, costs of court and attorney fees.

Name: _____ Title: _____ Signature: _____ Date: _____

Submission of this application does not guarantee authorization. The application must be explicitly approved by JAR Systems prior to any sale or service of JAR Systems products.