



RESELLER APPLICATION

Account Number (For Office Use Only)

Application Date: \_\_\_\_\_

Date business established: \_\_\_\_\_ Length of time at current address: Years \_\_\_\_\_ Months \_\_\_\_\_

This company is a (check one): [ ] C-Corp, State of Incorporation \_\_\_\_\_ [ ] S-Corp, State of Incorporation \_\_\_\_\_
[ ] Sole Proprietorship [ ] Partnership [ ] LLC (If LLC, must enclose Articles of Incorporation)
Is there a parent corp. or subsidiary? [ ] Parent [ ] Subsidiary Parent or Subsidiary name \_\_\_\_\_
Ownership: [ ] Public [ ] Public Federal Tax ID Number \_\_\_\_\_

Legal Business Name - As it appears on business license (Required)

Officer's/Owner's Name (Required)

Business Trade Name - DBA (Required if using DBA name)

Title & E-Mail Address

Business Street Address - Bill To (Required)

Officer's/Owner's Name (Required)

City, State, Zip Code County & Country

Title & E-Mail Address

Business Phone Number (Required)

SHIPPING ADDRESS (If more than one, please attach list)

Business Fax Number (Required)

Street Address

Business Web Site Address

City, State, Zip Code County & Country

For additional locations, please attach list. Include the following information for each location: address, phone, fax, contact name, e-mail, and website. All listed locations agree to the terms and conditions set forth in this application.

RESELLER PROFILE - To better understand the special needs of your company, please answer the following questions:

As part of your reseller business, what other services do you provide?

- [ ] Store Front [ ] Onsite Support [ ] ISP [ ] Wireless ISP [ ] Cable Installation [ ] Network Consulting

Do you build your own clones? [ ] Yes [ ] No If yes, on average how many systems do you build per month? \_\_\_\_\_

What are the main vertical markets (end-users) on which your company focuses, if any?

- [ ] Accounting [ ] Data Warehousing [ ] Government (Federal) [ ] Internet [ ] Remote Access/Mobile
[ ] CAD/CAM [ ] Digital Video [ ] Government (State/Local) [ ] Legal [ ] Retail/P.O.S.
[ ] Computer Telephony [ ] Document Imaging [ ] Health Care [ ] Manufacturing [ ] Sales Automation
[ ] Construction [ ] Education [ ] Insurance [ ] Printing/Publishing [ ] Video Conferencing

What percentage of your sales is to the following markets? (Total should equal 100%)

- [ ] Education \_\_\_\_\_% [ ] Government \_\_\_\_\_% [ ] Small/Medium Size Business (1-500 employees) \_\_\_\_\_%
[ ] Fortune 1000 \_\_\_\_\_% [ ] Home Users \_\_\_\_\_% [ ] Other \_\_\_\_\_%

How many people does your company employ? (Check one) [ ] 1-5 [ ] 6-10 [ ] 11-20 [ ] 21-50 [ ] 51-100 [ ] 101+

What were your company's total gross sales last year? (Check one)

- [ ] Less than \$500,000 [ ] \$1,000,000 -- \$4,999,999 [ ] \$10,000,000 -- \$24,999,999 [ ] Unavailable
[ ] \$500,000 - \$999,999 [ ] \$5,000,000 -- \$9,999,999 [ ] \$25,000,000 or more

This application and agreement is submitted by applicant (customer) to eGig Corporation (eGig). Customer agrees to the terms and conditions as stated in the eGig Reseller Agreement, published on eGig's website at www.eGigethernet.com. All product sales by eGig to applicant will also be subject to the Reseller Agreement at the time of sale.

Customer agrees to make payment in full to eGig for all amounts due according to eGig invoice(s). Customer also agrees to pay eGig, as interest, an amount equal to 1 1/2% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should customer default in any such payment(s), eGig shall have the right, without notice to customer, to declare all invoice amounts due and payable.

Owner/Partner/Corporate Officer Name - Please Print (Required)

Title (Required)

Owner/Partner/Corporate Officer Signature (Required)

As of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (Required)