



Reseller Application Package

Welcome Resellers

Thank you for your interest in establishing an account. BruKon Products is the exclusive manufacturer and international distributor of the innovative BRUKON PaintBrush Cleaning & Storage System.

To open an account, just complete this Customer Information Package. Either fax or mail the completed forms to us.

You will need to complete:

1. A signed Reseller Account Application
2. A completed Business Profile
3. A signed Authorisation to Release Form
4. A signed Credit Card Authorisation Form

NOTICE:

Please double check to make sure all items are complete before sending.

Incomplete applications cannot be processed.

Please send **ALL THE COMPLETED FORMS** to the Managing Director,
Mr Paul Azoulay:

Fax: (+61 3) 9525 4233

Email: Paul@BruKon.com

Mail:

BruKon Products Australia Pty Ltd.
PO Box 303
Elsternwick, VIC 3185
Australia



Reseller Account Application

Date: _____

BUSINESS INFORMATION:

Legal Business Name: _____

Contact: _____ Title: _____ Phone: (____) _____

Street Address: _____ City, State, Zip: _____

Type of Business: Corporation: Partnership: Sole Proprietorship: Non/Profit: Years in Business: _____

Status of Practice/Business: New: Established: Number of Years: _____

Owner/Principal Name: _____

BANK AND TRADE RELATIONSHIPS:

Primary Bank: _____ Branch: _____ Phone: (____) _____

Bank Officer: _____ Account #: _____

Other Bank: _____ Branch: _____ Phone: (____) _____

Bank Officer: _____ Account #: _____

BUSINESS REFERENCES:

Name: _____ Phone: (____) _____ Contact: _____

Name: _____ Phone: (____) _____ Contact: _____

Name: _____ Phone: (____) _____ Contact: _____

In consideration for an account being open, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed prior to or upon receipt of delivery; (2) any charges still outstanding after 30 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser. (3) All claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (4) this agreement shall apply to all current and future charges unless revocation is received by registered mail.

Authorised Signature

Date

Title

Business Profile

- What is your business focus _____
- _____
- _____
- _____

What is your primary customer market

- Local
- Regional
- National
- Global

What are you primary sales channels: Please check percentages

- | | | | | | |
|--|-------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> <25% | <input type="checkbox"/> 25-49% | <input type="checkbox"/> 50-74% | <input type="checkbox"/> 75-99% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> Inside sales force | <input type="checkbox"/> <25% | <input type="checkbox"/> 25-49% | <input type="checkbox"/> 50-74% | <input type="checkbox"/> 75-99% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> <25% | <input type="checkbox"/> 25-49% | <input type="checkbox"/> 50-74% | <input type="checkbox"/> 75-99% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> Outside sales force | <input type="checkbox"/> <25% | <input type="checkbox"/> 25-49% | <input type="checkbox"/> 50-74% | <input type="checkbox"/> 75-99% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> Retail stores | <input type="checkbox"/> <25% | <input type="checkbox"/> 25-49% | <input type="checkbox"/> 50-74% | <input type="checkbox"/> 75-99% | <input type="checkbox"/> 100% |

Estimated annual revenue size

- <\$250,000
- \$250,000-\$500,000
- \$500,000-\$1,000,000
- \$1,000,000 - \$5,000,000
- \$5,000,000-\$10,000,000
- 10,000,000+

Estimate your monthly purchase requirements

- \$1000-\$5000
- \$5000-\$10000
- \$10000-\$25,000
- \$25,000+



Authorisation to Release Form

In connection with my application to purchase from BruKon Products, I understand that investigative background inquiries will be made. By signing this application, I authorise BruKon Products or its agents to investigate our company credit and financial records including our bank records.

Company Name _____

Applicants Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Fax # _____

Applicants Signature _____

Applicants Position _____



Credit Card Authorisation Form

Date: _____

Company Name: _____

Address: _____

Contact Name: _____

Company Phone: _____

Fax: _____

Email: _____

Signature on this document authorises BruKon Products to charge the credit card listed below for all sums due and payable to BruKon Products. This authorisation charge shall remain in effect until terminated by the Merchant in written notice to BruKon Products. BruKon Products will charge the merchant's credit card WITHOUT NOTICE for any past due account balance over 5 days old.

Credit Card Type: _____ (Visa/MC)

Account Number: _____

Card ID Number: _____ (3 or 4 Digit number on the back of the card other than the account number)

Name on the Card: _____

Expiration Date: _____

Billing Address: _____

Authorised Card Holder Signature: _____