



New Reseller Application Checklist

- The following is a list of items you will need to complete your application:
- Credit Card Number, cardholder name and billing address. PLEASE NOTE: The credit card needs to be in the name of the business or someone listed on the application as an owner or administrator.
- Resale Certificate or Uniform Use & Sales Tax Certificate
- Federal tax ID number
- Sole Proprietorship: Social security number and drivers licenses
- Authorized Reseller Agreements and authorization numbers
- Owner Information: name, address, phone number, % ownership, how long at residence, date of birth, social security number, and driver's license number
- Name, phone and e-mail of authorized personnel (back-up administrator)
- Will you be requesting Company Check ,Credit Card, Net Terms Credit,?
- Bank References: bank name, bank officer's name, address, phone and fax number, account number and how long account has been established
- Trade Reference: Reference name, contact, address and phone number



Selling Solutions since 1981
Computer Connections Inc.
789 East Pittsburgh St.
Greensburg , PA 15601
800-640-7506
www.paconnect.com



Computer Connections Inc. Reseller Application:

Company Name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Cell: _____

Contact name & title: _____

Email Address: _____

D&B Number: _____ Federal ID or Social Security #: _____

Sales Tax Exemption ID # _____

Type of business: Proprietorship: _____ Corporation: _____ Partnership: _____

Principle or Officer Name & Title #1: _____

Principle or Officer Name & Title #2: _____

Principle or Officer Name & Title #3: _____

Principle or Officer Name & Title #4: _____

Accounts payable Contact: _____ Phone: _____

Email: _____

Ship To Address: _____

City: _____ State: _____ Zip: _____

If paying by check please complete bank info:

If paying by credit card, Please complete Credit Card payment authorization:

If Net Terms are requested, Please Complete trade reference



Thank you for your cooperation. Please Fax to 724-838-1071

Computer Connections Inc. 789 East Pittsburgh St. Greensburg, PA 15601



Bank Info:

Bank Name: _____ Contact: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Type of accts: _____
Acct: Number: _____
Years with this bank: _____

Trade Reference (Minimum of 3 that sell to you on open account:

Company Name: _____ Contact: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Type of Product purchased: _____ Date opened: _____
Acct: Number: _____

Company Name: _____ Contact: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Type of Product purchased: _____ Date opened: _____
Acct: Number: _____

Company Name: _____ Contact: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Type of Product purchased: _____ Date opened: _____
Acct: Number: _____

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Credit Card Authorization-On File

Please Note that the cardholder must fill out the information below and sign:

Card Type: Visa:____ MasterCard:____ Discover:____ Amex:____:
Card Number:_____:
Expiration:_____

Name and Address the Card is Billed to:

I hereby authorize by signing below , that I give PA. Computer Connections Inc. Permission to charge my Purchase orders to my credit card and keep on file for future orders.

Signature:_____ :
Print name:_____ :
Date:_____ :

Thank you for your cooperation. Please Fax to 724-838-1071

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