



Account Profile

Please return to: Credit Department
(952)808-1001

Sales Rep
WEB

DBA NOR-TECH
1182 EAST CLIFF ROAD, BURNSVILLE, MN 55337
LOCAL (952) 808-1018 FAX (952)808-1001

Legal Business Name

Billing Address

Mailing Address

City,State,Zip

Desired Credit(Net Terms,COD,Cashier's or Credit Card) Estimate Sales

DBA

Telephone Fax

Resale Exemption # Federal Tax ID#

D&B # Partnership/Proprietorship,Corporation

Ownership in place since Owner's/President's Name & Social Security #

Owners Home Address Owners Home Phone

Accounts Payables Contact Accounts Payables Phone #

Bank Reference

Bank/Institution Name Contact

Full Address

Telephone # Fax #

Savings Account # Checking Account #

Other Account # or credit line #

I/We hereby certify that the information provided on this profile to NORTHERN COMPUTERS TECHNOLOGIES, INC., DBA Nor-Tech is Correct and true. Therefore, I/We agree to comply with these terms. I/We, an authorized officer, grant permission to investigate the references, including consumer and commercial credit checks. I/We agree to pay within the terms of sale and understand that Nor-Tech will charge a \$25.00 service fee for each returned check. Interests accrue on all invoices or unpaid balance of invoices, past due, or beyond terms of sale at the rate of 18% annum. In the event payment is not made and this account is referred for collections, I/WE will pay actual cost of collection or a minimum amount of 25% of the principle. When suit or action by an attorney is begun, I/WE promise to pay your attorney fees in said suit or action. Further, I/WE understand that all sales and other transactions between us will be governed by the laws of the State of Minnesota, and any dispute arising from our business relationship will be litigated exclusively in the courts of Minnesota.

X

Signature Title

Print Name Date

Personal Guarantee

I/WE, the undersigned agree to guarantee payment of all sums due and owing. This guarantee shall be a continuing, irrevocable and indemnity to NOR-TECH.

X

Signature Date

Print Name Social Security #

X

Witness Date

Drivers License State

Is a copy of the most recent financial statement attached? () Yes () No
If no, when will it be made available? _____

Have you given any security interest to any trade supplier or financial institution?
() yes () no If yes, indicate names below:

***PLEASE ATTACH A COPY OF CANCELLED CHECK**

Trade References: (a minimum of three are required)

1. Company Name: _____ Telephone: _____ Contact: _____

Address: _____ Account #: _____

2. Company Name: _____ Telephone: _____ Contact: _____

Address: _____ Account #: _____

3. Company Name: _____ Telephone: _____ Contact: _____

Address: _____ Account #: _____

MINNESOTA Department of Revenue
RESALE EXEMPTION CERTIFICATE

Sales and Use Tax
Form ST-5

I, the undersigned purchaser, hereby certify that I am engaged in the business of selling, leasing or renting Computer and Electronic Equipment and Supplies and that the tangible personal property described below, which I shall purchase, lease or rent from Northern Computer Technologies, Inc., DBA Nor-Tech, 1182 E. Cliff Rd., Burnsville, MN 55337 will be resold, leased or rented by me; however, if any such property is used for any purpose other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, I understand that I am required to report and pay the tax on the purchase of such property.

This is a BLANKET CERTIFICATE for Computer Related Products and Equipment to be purchased for resale.

This certificate continues in force until cancelled by the purchaser. If the purchaser uses this property for any other than exempt purposes, and fails to file a sales or use tax return declaring the taxable use of such property, with the intent to evade the tax the purchaser will be subject to the full penalty of the law. (Penalty: If you try to avoid paying sales tax by using an exemption certificate for merchandise that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

PURCHASER'S BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE OF AUTHORIZED PURCHASER: _____

TITLE: _____ DATE: _____

PURCHASER'S SALES AND USE TAX NUMBER AND STATE OF ISSUANCE: _____

IF NO NUMBER IS LISTED, STATE REASON: _____

* PLEASE INCLUDE A PHOTOCOPY OF YOUR STATE ISSUED CERTIFICATE OF EXEMPTION

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