

DEALER APPLICATION

FOR OFFICE USE ONLY -----

I. COMPANY INFORMATION

USER ID _____ PW. _____

COMPANY/CORPORATION NAME		WEB-SITE ADDRESS		TEL.#
				FAX #
BILLING ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
SHIPPING ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
OWNERSHIP	<input type="checkbox"/> CORPORATION, STATE OF INC. _____	E-MAIL ADDRESS _____		
	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP	HOW DID YOU HEAR _____		
DATE ESTABLISHED _____		ABOUT MICROCAD? _____		
NATURE OF BUSINESS (CHECK ONE) <input type="checkbox"/> VAR (RESELLER) <input type="checkbox"/> RETAIL STORE FRONT <input type="checkbox"/> WHOLESALE				
<input type="checkbox"/> DIRECT SALES <input type="checkbox"/> CONSULTANT <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> OTHER _____				
ANNUAL SALES VOLUME \$ _____		PRINCIPAL OFFICERS		
NUMBER OF EMPLOYEES _____		PRESIDENT _____ SIN _____		
RESALE PERMIT # _____ STATE _____		HOME ADDRESS _____		
ARE YOU A <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION		CITY _____ STATE _____ ZIP _____		
PARENT COMPANY NAME _____		DRIVER'S LICENSE # _____ STATE _____		
ADDRESS _____		VICE PRESIDENT _____ SIN _____		
CITY _____ STATE _____ ZIP _____		HOME ADDRESS _____		
WILL PARENT COMPANY GUARANTEE PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY _____ STATE _____ ZIP _____		
DO YOU REQUIRE A PURCHASE ORDER NUMBER BEFORE WE ACCEPT AN ORDER <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE # _____ STATE _____		
HAS THIS FIRM OR PRINCIPALS EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTATCH AN EXPLANATION		PURCHASE MANAGER _____ SIN _____		
		ACCOUNTING MANAGER _____ SIN _____		
		A/P CONTACT _____		

II. BANK REFERENCES

BANK NAME		CONTACT PERSON		TEL. #
				FAX #
CHEQUING ACCOUNT #		SAVINGS ACCOUNT #		LOAN/CREDIT LINE #
BANK ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
BANK NAME		CONTACT PERSON		TEL. #
				FAX #
CHEQUING ACCOUNT #		SAVINGS ACCOUNT #		LOAN/CREDIT LINE #
BANK ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE

III. CREDIT CARD INFORMATION

CREDIT CARD NUMBER		NAME ON CARD		EXPIRATION DATE
TYPE OF CARD (CHECK ONE)				
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD		
<input type="checkbox"/> AMERICAN EXPRESS		<input type="checkbox"/> OTHER		

MICROCAD COMPUTER CORPORATION

499 McGregor Ave., London, Ontario, N6J 2S8
519-661-0355 (Voice) 519-661-0362 (Fax)

IV. TRADE REFERENCES

COMPANY NAME	ACCOUNT #	TEL. #	FAX #
COMPANY ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
PAYMENT TERMS	CONTACT		
COMPANY NAME	ACCOUNT #	TEL. #	FAX #
COMPANY ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
PAYMENT TERMS	CONTACT		
COMPANY NAME	ACCOUNT #	TEL. #	FAX #
COMPANY ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
PAYMENT TERMS	CONTACT		

V. AGREEMENT

CUSTOMER AGREES TO MAKE PAYMENT IN FULL TO **MICROCAD COMPUTER CORPORATION** (HEREAFTER **MICROCAD**), ALL AMOUNTS DUE ACCORDING TO **MICROCAD'S** INVOICE(S). **CUSTOMER** ALSO AGREES TO PAY TO **MICROCAD**, AS INTEREST, AN AMOUNT EQUAL TO 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), **MICROCAD** SHALL HAVE THE RIGHT WITHOUT ANY NOTICE TO **CUSTOMER**, TO DECLARE ALL INVOICE AMOUNTS DUE AND PAYABLE. IN THE EVENT **MICROCAD** SHOULD COMMENCE ANY ACTION OR ACTIONS, OR OTHERWISE SEEK TO ENFORCE THIS AGREEMENT AGAINST **CUSTOMER** OR ANY **GUARANTOR**, **CUSTOMER** AGREES TO PAY REASONABLE ATTORNEY(S) FEES, COLLECTION FEES, COURT COSTS AND OTHER EXPENSES INCURRED BY **MICROCAD**, WHETHER OR NOT SUIT IS FILED.

NAME (PLEASE PRINT) SIGNATURE TITLE DATE

VI. PERSONAL GUARANTEE

I, _____
NAME (PLEASE PRINT) RESIDING AT _____

FOR AND IN CONSIDERATION OF YOUR EXTENDING ANY CREDIT OR PAYMENTS AT MY REQUEST TO _____ (HEREAFTER COMPANY), HEREBY PERSONALLY GUARANTEE THE PAYMENT TO MICROCAD. IN THE PROVINCE OF ONTARIO OF ANY OBLIGATION OF THE COMPANY AND I HEREBY AGREE TO BIND MYSELF TO PAY YOU ANY DEMAND WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY SAME.

SIGNATURE SOCIAL SECURITY # DATE

VII. AUTHORIZATION

THE UNDERSIGNED AUTHORIZES RELEASE OF ALL CREDIT INFORMATION BOTH BUSINESS AND/OR PERSONAL REQUESTED BY MICROCAD. THIS FORM MAY BE REPRODUCED AND A FAXED COPY SHALL BE AS EFFECTIVE CONSENT AS THE ORIGINAL WHICH HAS BEEN SIGNED. THE UNDERSIGNED ALSO AUTHORIZED MICROCAD TO CHARGE TO THE CREDIT CARD FOR ALL PAST DUE INVOICES OR INSUFFICIENT CHEQUING ACCOUNT.

AUTHORIZED OFFICER (PRINT NAME) SIGNATURE TITLE DATE

ONTARIO RETAIL SALES TAX PURCHASE EXEMPTION CERIFICATE

Blanket

Business Name: _____

Business Address: _____

Vendor Permit Number: _____

Nature of Business: _____

Reason for Claiming Exemption: _____

I claim exemption from Ontario retail sales tax under the provisions of the Retail Sales Tax Act on the following goods or taxable services, contracts of insurance or benefits plan:

Signature of Authorized Person

Date

(Print) Name of Authorized Person

Important

The person buying the goods or taxable service, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier.

The supplier is to keep this form as stated in the regulations. This certificate is valid for four years if,

- (a) the box beside the word "blanket" at the top of the form is checked; and
- (b) the purchase order refers to this Purchase Exemption Certificate.

Every person who makes a false statement on a Purchase Exemption Certificate or misuse the certificate is liable, if convicted, to a fine of not less than \$500 and an amount of not more than double the amount of the tax that should have been paid, or that was evaded, or to imprisonment for a term of not more than two years, or to both.

Microcad Computer Corporation Questionnaire

- 1) Do you want to receive e-mail on specials etc? Yes No
- 2) Do you have a show room with walk in traffic? Yes No
- 3) Do you build your own systems? Yes No
- 4) Would you be interested in hardware training? Yes No

5) What systems does your company currently offer?

ALR AST ACER Apple HP
 IBM Packard Bell Samsung Others (Please Specify) _____

6) What software does your company currently offer?

Accounting CAD Legal Communication
 Desktop Publishing Graphics/Imaging Language Compiler Spreadsheets
 Project Management Point of Sale Word Processing Multimedia
 Manufacturing/Inventory Control Data Management/Database
 Others: (Please Specify) _____

7) What percentage (%) of your past twelve months sales have been in the following market segments?

Small Business (<99 Employees)
 Medium Business (99-499 Employees)
 Fortune 500 Companies
 Government
 Educational
 Home
 100%

8) Please indicate any significant vertical markets where your organization possesses sales and support expertise:

Accounting Architectural Construction Communication Wholesale Distribution
 Government Dental/Medical Graphic Art Insurance Banking/Finance
 Legal Real Estate Education Health Care/Hospitals
 Others (Please specify) : _____

9) Projected annual sales in the first twelve month:

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Unit													

10) Please indicate the services offered by your organization:

Business Consulting Installation
 Network Configuration On-Site Support
 Technology Planning Training
 Trouble-Shooting
 Others (Please specify) : _____