

Authorized Reseller Registration

GENERAL COMPANY INFORMATION												
Company Name												
Owner/Manager												
Phone					Fax							
Primary Business	Retail	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Internet	<input type="checkbox"/>	OEM	<input type="checkbox"/>	Mail Order	<input type="checkbox"/>	Other	<input type="checkbox"/>
Website(s)												

SHIPPING ADDRESS			
Street			
City		State	Zip

BILLING ADDRESS			
Street			
City		State	Zip

BILLING ADDRESS (if multiple, please provide separately)			
Street			
City		State	Zip

BUYER CONTACT		ACCOUNTS PAYABLE CONTACT	
Name		Name	
Phone		Phone	
Email		Email	

BILLING ADDRESS			
Federal Tax ID (Required)			Resale # (Required)
Preferred Invoicing (Please check one)	Email	<input type="checkbox"/>	Mail
Requested Terms (Please check one)	COD	<input type="checkbox"/>	Credit Card
		<input type="checkbox"/>	Credit Terms Requested
		<input type="checkbox"/>	
Please allow up to two weeks for reference check on COD, special terms and credit limit requests			
Number of years in Business			Years at current location

INFINITERULE SECURITY CONTACT	
Which InfiniteRule Security Sales Rep Are You Working With?	

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MINIMUM ADVERTISED PRICING (MAP POLICY):

- All retail and online advertised prices of InfiniteRule Security products shall adhere to MAP Pricing.
- MAP is Jobber (unless special promotion approved by InfiniteRule Security in writing or email).
- For refurbished or like new “B” stock, the MAP is 25% off jobber.
- Advertised Price = Selling Price.
- For more information, please find details and rules in the Terms and Conditions.

MAP VIOLATIONS:

- **1st Violation:** Loss of Authorized Dealer Status and loss of MAP benefits; reinstated once back in compliance. 7 days to comply without being considered 2nd violation.
- **2nd Violation:** Continued loss or loss of Authorized Dealer Status and loss of MAP benefits; reinstated after 14 days of compliance. 7 days to comply without being considered 3rd violation.
- **3rd Violation:** Continued loss or loss of Authorized Dealer Status, loss of MAP benefits and added to Do No Sell list. Will be reinstated after 30 days of compliance. 7 days to comply without being considered 4th violation.
- **4th Violation:** Continued loss or loss of Authorized Dealer Status, loss of MAP benefits and added to Do Not Sell list. Removal from Do Not Sell list can be requested after 60 days without violation.

Name		Title	
Signature		Date	

* The above information is to be used to apply for InfiniteRule Security Reseller status, including acknowledgment that you have read and will comply with the terms and conditions set forth in this document.

Send back **Authorized Dealer Registration with reseller permit and credit authorization to info@infiniterule.com**.

Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. A receipt for each payment will be provided to you and the charge will appear on your credit card statement.

I _____ authorize _____ to charge my
(Cardholder's Name) (Merchant's Name)
Credit Card.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Cardholder's Signature)

DATE _____