



VAR/Reseller/Partner Application

Thank you for your interest in becoming a Rorke Data Partner. Please be advised that the information provided in this document will be reviewed only by authorized Rorke Data personnel and maintained in strict confidence. Fill in the application completely. If the information requested does not apply to your company, write "N/A" in the space provided.

Email completed application and any financial documents (including sales tax exemption certificates) to partners@rorke.com or fax them to 952-829-0988. You can also mail this application and documents to:

Rorke Data
Select Partner Program
7626 Golden Triangle Drive
Eden Prairie, MN 55344

General Reseller Information

Application for: Authorized Rorke Data Reseller Premier Rorke Data Reseller

(Premier Resellers must commit to an annual Rorke Data sales volume of \$200,000 and have at least one named sales and technical resource dedicated to Rorke Data solutions.)

Full Legal Business Name: _____ DBA (if applicable): _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____ Email: _____

Primary Sales Contact: _____ Title: _____ Email: _____

Primary Technical Contact: _____ Title: _____ Email: _____

Number of Sales people employed: _____ Number of Technical People employed: _____

What is the market focus of your business?

How do you generate your leads? Direct Sales Advertising Telemarketing Trade Shows
 Direct Mail Seminars Other _____

What other data storage suppliers do you have agreements with?

Credit Information

Please Check One:

___ Corporation Date Business Opened: _____
___ Proprietorship
___ Government Rorke Data Sales Rep (If Known): _____
___ Limited Liability D&B # _____

Primary Bill to Address:

Customer Name _____
Address _____ City _____ County _____
State _____ Postal Code _____ Country _____

Primary Ship to Address:

Customer Name _____
Address _____ City _____ County _____
State _____ Postal Code _____ County _____

A/P Contact _____ A/P Phone # _____
A/P Fax # _____ A/P Email Address _____
Email Address for sending invoices: _____

Information on Proprietors, Corporate Officers or Partners:

Name _____ Title _____
Address _____ Phone _____
Name _____ Title _____
Address _____ Phone _____

Principal Products or Services Sold by Your Firm: _____

Financial Information:

Sales - Last Year _____ Anticipated Sales - Current Year _____
Total Assets _____ Total Liabilities _____ As of _____

Bank Reference

Name _____ Telephone # _____
Address _____ Fax # _____
City/State/Zip _____ Contact email: _____
Officer _____ Bank Acct # _____

Trade References

Name (1) _____ (2) _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
Contact Email: _____
Account # _____

Name (3) _____ (4) _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
Contact Email: _____
Account # _____

Name (5) _____ (6) _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
Contact Email: _____
Account # _____

Additional Information:

- Credit Line Requested _____ First Order Size _____ Order Pending
 Yes _____ No _____
- Remit Payments to: **Rorke Data, an operating group of Avnet, Inc.**
12781 Collection Center Drive
Chicago IL 60693-0127
- Sales Tax: Please send or fax over all Exemption / Reseller Sales Tax Exemption certificates to the credit department. The documents need to be made out to: **Rorke Data, an operating group of Avnet, Inc.**

THE FOLLOWING INFORMATION MUST BE COMPLETED TO PROCESS THE APPLICATION

CREDIT TERMS & CONDITIONS

Credit terms are net 30 days. Any amount unpaid after 30 days will be considered past due and subject to finance charges of 1.5% per month or the highest rate allowable by law, and the customer may be placed on a cash basis immediately. In addition, the customer agrees to pay all costs (including reasonable attorney's fees) incurred in the collection of any unpaid amount.

Venue for any litigation (and depositions) between the parties for any claim relating to debt collection for merchandise, supplies or equipment purchased hereunder, or hereafter, shall be in Hennepin County, MN only.

Rorke Data, an operating group of Avnet, Inc. does retain a security interest in any and all merchandise, supplies and equipment until full payment has been received for items purchased.

Credit terms of any purchase order issued by customer, which are in addition to, modify or are inconsistent with Rorke Data's usual credit terms will not be binding upon Rorke Data unless agreed to in a separate writing executed by the credit manager or officer of Rorke Data.

I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, limited liability company, or individual. I also certify that to the best of my knowledge all information provided in this VAR application and credit statement is accurate and hereby give my permission to Rorke Data, an operating group of Avnet, Inc. to verify any or all facts disclosed herein.

Printed Name: _____ Phone Number _____ Date: _____

Applicant Signature _____ Title _____

Comments:

UNIFORM SALES & USE TAX CERTIFICATE – MULTI-JURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued To Seller: Rorke Data, an Operating Group of Avnet, Inc. Avnet Acct # _____
 Address: 7626 Golden Triangle Drive
 City, State & Zip: Eden Prairie MN 55344 VIN # _____
 (VIN will be issued by Sales Tax Dept)

I certify that: _____ is engaged as a registered (mark below all boxes that apply)

Name of Firm: _____ Wholesaler
 _____ Retailer
 D.B.A Name: _____ Manufacturer
 _____ Seller (California)
 Street Address: _____ Lessor
 _____ Other (Specify) _____
 City, State & Zip: _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: **Computer hardware, software and/or related items**

State	State Registration, Seller's Permit, or ID # of Purchaser	State	State Registration, Seller's Permit, or ID # of Purchaser	State	State Registration, Seller's Permit, or ID # of Purchaser
Alabama	_____	Kentucky	_____	Ohio	_____
Arizona	_____	Louisiana	State specific form required*	Oklahoma	_____
Arkansas	_____	Maine	_____	Pennsylvania	State specific form required*
California	_____	Maryland	_____	Rhode Island	_____
Colorado	_____	Massachusetts	State specific form required*	South Carolina	_____
Connecticut	_____	Michigan	_____	South Dakota	_____
Dist of Columbia	_____	Minnesota	_____	Tennessee	_____
Florida	State specific form required*	Mississippi	State specific form required*	Texas	_____
Georgia	_____	Missouri	_____	Utah	_____
Hawaii	_____	Nebraska	_____	Vermont	_____
Idaho	_____	Nevada	_____	Virginia	State specific form required*
Illinois	_____	New Jersey	_____	Washington	_____
Indiana	State specific form required*	New Mexico	State specific form required*	West Virginia	_____
Iowa	_____	New York	State specific form required*	Wisconsin	_____
Kansas	_____	North Carolina	_____	Wyoming	State specific form required*
		North Dakota	_____		

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
 (Owner, Partner or Corporate Officer)

Title: _____ **Date:** _____

* Florida form can be obtained by contacting the Florida Department of Revenue and for a New Mexico form, contact New Mexico Taxation and Revenue Department. State specific forms for the following states: Indiana, Massachusetts, New York, Pennsylvania, Virginia, and Wyoming, and any additional questions, please contact Roger Fritzlar ~ fritzlar@rorke.com or call 952-943-7813.