

Intraware Australia Pty Ltd
ABN 31 088 404 568
Level 2, 621 Pacific Highway, St Leonards, NSW 2065
Tel: (02) 9439 0244
Fax: (02) 9439 0255



Reseller Application

Description of Business

Business Trading Name (DBA): _____

Date Business Established: _____

Registered Business Name (IF DIFFERENT FROM TRADING NAME): _____

Registered Business Street Address: _____ Suburb: _____

State: _____ Postcode: _____ Length of time at this address: Years _____ Months _____

Business Phone: _____ Business Fax: _____

Business Registered Number (IF APPLICABLE): _____ ACN: _____

Australian Registered Business Number (ABN): _____

Officer's Owners Name: _____ Title: _____

Email Address:

Authorised Purchaser(s): 1. _____ 2. _____

Email Address: 1. _____ 2. _____

Business Structure

Public Private Sole Trader* Trust Company Partnership*

* please enclose a copy of your registration

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Billing Address (IF DIFFERENT FROM BUSINESS ADDRESS)

Business Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Shipping Address (ATTACH LIST IF MORE THAN ONE SHIPPING ADDRESS)

Business Street Address: _____

Suburb: _____ State: _____ Postcode: _____

New Account Credit and Non-credit Application

Details of all Proprietors or Directors (COMPULSORY)

If Company – list all Directors. If Partnership – list all Partners

1. Name: _____ Phone: _____

Address: _____ State: _____ Postcode: _____

2. Name: _____ Phone: _____

Address: _____ State: _____ Postcode: _____

3. Name: _____ Phone: _____

Address: _____ State: _____ Postcode: _____

4. Name: _____ Phone: _____

Address: _____ State: _____ Postcode: _____

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Trade References (REQUIRED IF APPLYING FOR CREDIT TERMS)

1. Name: _____ Contact: _____

Address: _____

State: _____ Postcode: _____ Phone: _____ Fax: _____

2. Name: _____ Contact: _____

Address: _____

State: _____ Postcode: _____ Phone: _____ Fax: _____

3. Name: _____ Contact: _____

Address: _____

State: _____ Postcode: _____ Phone: _____ Fax: _____

4. Name: _____ Contact: _____

Address: _____

State: _____ Postcode: _____ Phone: _____ Fax: _____

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The Resellers Authorised Representative (DIRECTOR/PROPRIETOR/PARTNER)

Full Name: _____

Full Name: _____

Position: _____

Position: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Change of Ownership and Address

The reseller agrees to notify Intraware Australia of any change in ownership or address of its business as set forth herein by certified mail to Intraware Australia's Sydney office **OR return changes by fax to 02 9439-0255**

Accounts/Credit Information

Accounts Payable Manager : _____ Phone: _____

Banker : _____ Phone: _____

Branch Address : _____ Account No : _____

Credit Limit Requested : _____

Please Note: Terms of Trading are thirty (30) days NET from date of invoice(unless otherwise expressed in writing). All overdue amounts are subject to a penalty interest rate of one and a half (1.5) percent per month. Intraware Australia reserves the right to terminate without cause the customers right to purchase products or services on credit or to vary the credit terms in respect of the reseller. The reseller consents to Intraware Australia investigating the credit history of the reseller through credit reporting agencies and other methods of sharing credit information. The reseller may be required to furnish Intraware Australia with their audited/management financial statements. Title of goods does not pass to the reseller or the client until full payment is received by Intraware Australia.