



LATHEM

Lathem Reseller & Credit Application

The questions in this application are required to evaluate your request to sell Lathem products. Please answer each question as thoroughly and accurately as possible. All information provided will be treated as confidential, and not disclosed to any third parties.

NOTICE: Final approval of application is pending receipt of initial stocking order, type of reseller, territory, etc.

General

Account Number: _____

Legal Business Name: _____

Operating Name: (if different) _____

Address: _____ Language (other than English): _____

City: _____ State/Prov: _____ Country: _____ Zip/Postal Code : _____

Phone: _____ Fax: _____ Web Site: _____

Branch Locations: _____

Date Business Started: _____ Federal ID# _____ Private Public

Type of Organization: Sole Proprietor Partnership Corporation, Date of Incorporation: _____

Language Preference: English French Other: _____

Primary Contact:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Products

Lathem Products You Wish to Sell:

Time Recorders Automated Time & Attendance Systems Master Control & Wall Clock Systems

Will you offer technical support & repair services? Yes No

Other product lines carried (list manufacturer and product lines): _____

Do you currently purchase Lathem products from a Wholesaler? No Yes: _____

Marketing Method

Traditional Installing Dealer Catalog Reseller Only Wholesaler Internet Reseller Only

Web Address: _____

Marketing Territory for Traditional Installing Dealer

Lathem makes extensive use of direct marketing campaigns and distributes the sales leads to active/installing dealers. Please let us know in which Zip/Postal Codes you intend to sell and support Lathem products. Indicate your coverage ranges using **only the first 3 characters of the Zip/Postal codes:**

	US: Zip Code Range		Canada: Postal Code Range
Example:	526 to 527		S4A to S7Z
	_____ to _____		_____ to _____
	_____ to _____		_____ to _____

Credit Information

Name of Owner or Authorized Corporate Officer: _____

Home Address: _____ Telephone: _____

City, State/Prov.: _____ Zip/Postal Code: _____

Have you operated under a different corporate name No Yes: _____Desired Payment Terms: Net 30 Days w/ Approval Credit Card COD -OR- Payment in Advance: Int'l. (Wire Transfer is US \$, Letter of Credit or Company Check Drawn on US Bank)

Requested Credit Limit if Open Account: _____

Corporate Premises Owned Rented, Landlord _____

Trade References Major suppliers with whom you have an **Active, Open** account

Reference 1: Name: _____ Address: _____ City, St, Zip: _____ Phone: _____ Fax: _____ Account No: _____ Contact: _____	Reference 2: Name: _____ Address: _____ City, St, Zip: _____ Phone: _____ Fax: _____ Account No: _____ Contact: _____
Reference 3: Name: _____ Address: _____ City, St, Zip: _____ Phone: _____ Fax: _____ Account No: _____ Contact: _____	Bank Reference: Name: _____ Address: _____ City, St, Zip: _____ Phone: _____ Fax: _____ Account No: _____ Officer: _____

The above information is for the purpose of obtaining reseller status and/or credit and is warranted to be true. If credit is requested above, I/We hereby authorize the credit personnel of Lathem Time to investigate the references listed pertaining to my/our credit and financial responsibility. The Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our NET 30-day terms. The signature further attests responsibility for any legal or collection fees imposed to effect payment. Applicant hereby represents that the information contained in this application is accurate and agrees that Applicant will not disclose to third parties or use for its own benefit any confidential information disclosed by Lathem to Applicant in the review and processing of this application.

Name of Authorized Company Representative (print)_____
Title_____
Signature_____
Date

Return completed application to:

Lathem Time200 Selig Drive, SW
Atlanta, GA USA 30336

Email: sales@lathem.com

US & Canadian Applicants :

Phone: 800-241-4990

Fax : 800-252-2208

Fax : 404-699-7382

International Applicants :

Phone : 001-404-691-1064 X3305

Fax: 011-404-696-6048