

Reseller Application



ABN: 35 006 924 607 ACN: 006 924 607

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Section A GENERAL INFORMATION

- A1** Business Name:
Address:
City: State: Postal Code:
Website:
Phone: Fax:
- A2** Date of Incorporation:
- A3** State of Incorporation:
- A4** A.C.N:
- A5** A.B.N:

Section B COMPANY INFORMATION

B1 How did you hear about ACA Pacific? (You may tick more than one box)

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> ACA Pacific Account Manager | <input type="checkbox"/> Product Catalogue |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Another Reseller |
| <input type="checkbox"/> Magazine publication | <input type="checkbox"/> Invitation |
| <input type="checkbox"/> Direct Mail Flier | <input type="checkbox"/> Internet Web page (if so, who's web site) |
| <input type="checkbox"/> Dealt with ACA Pacific in the past | |

B2 Contact Information

Managing Director/CEO

First name: Surname:
Email Address:
Direct Phone:

Purchasing Officer

First name: Surname:
Email Address:
Direct Phone:

Sales Manager

First name: Surname:
Email Address:
Direct Phone:

Finance Manger

First name: Surname:
Email Address:
Direct Phone:

B3 What term best describes the business of your company? (You may tick more than one box)

- | | |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> ASP – Application Service Provider | <input type="checkbox"/> End User |
| <input type="checkbox"/> Independent Consultant | <input type="checkbox"/> ISV – Independent Software Vendor |
| <input type="checkbox"/> Reseller | <input type="checkbox"/> Scanning Bureau |
| <input type="checkbox"/> Sub Distributor/Wholesaler | <input type="checkbox"/> Value Added Reseller |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Imaging Reseller |
| <input type="checkbox"/> ISP – Internet Service Provider | <input type="checkbox"/> OEM |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Services Provider |
| <input type="checkbox"/> Systems Integrator | |

B4 What is your company’s total annual revenue?

- | | |
|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Under 1 Million | <input type="checkbox"/> 1 to 5 Million |
| <input type="checkbox"/> 5 to 10 Million | <input type="checkbox"/> 10 to 25 Million |
| <input type="checkbox"/> 25 to 50 Million | <input type="checkbox"/> Over 50 Million |

B5 How many employees work for your company?

- | | |
|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 1 – 10 Employees | <input type="checkbox"/> 11 – 25 Employees |
| <input type="checkbox"/> 26 – 50 Employees | <input type="checkbox"/> 51 – 100 Employees |
| <input type="checkbox"/> 100 – 500 Employees | <input type="checkbox"/> Over 500 Employees |

B6 Approximately what percentage of your business is derived from the following categories

_____% Hardware _____% Software _____% Services

B7 Do your products/services target a specific vertical market?

- | | |
|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> Audio Visual / Multimedia |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Mining and/or Raw Products | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Construction and/or Manufacturing | <input type="checkbox"/> Transport and Logistics |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Medical / Health Services | <input type="checkbox"/> OEM |
| <input type="checkbox"/> Banking and Finance | <input type="checkbox"/> Services Provider |
| <input type="checkbox"/> Hospitality and Entertainment | <input type="checkbox"/> Other: |

B9 Are you currently selling any of the following solutions?

- | | |
|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Data Storage (Tape, Disk, or Optical) | <input type="checkbox"/> Backup & Recovery Solutions |
| <input type="checkbox"/> Email Archiving Appliances | <input type="checkbox"/> Storage Management Software |
| <input type="checkbox"/> Document Scanners and Management | <input type="checkbox"/> Networking |
| <input type="checkbox"/> System Security (inc Anti-virus) | <input type="checkbox"/> Database/CRM |
| <input type="checkbox"/> CD/DVD/Blu-ray Publishing | |

B11 Preferred method of contact

- | | |
|------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Newsletter/Direct Mail |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Fax |

B12 What else would you like us to know about your business?

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.....

.....

Section C CREDIT INFORMATION

C1. Would you like to set up a credit account?

- Yes (Advance to question C4) No (you will be issued a COD only account)

C2. Payment of Purchases:

Our preferred means of payment is by Electronic Fund Transfer (EFT)

Banking Details:

Bank: National Australia Bank
BSB: 083-091
A/C Number: 04678-6002

Credit Card – There will be a 1.75% (ex GST) administration fee for any credit card payments.

C3. Premises

- Rented Leased Owned

C4. Trade Credit References (Computer industry only with at least 12 months trading). A minimum of 3 references are required.

- 1..... Phone: ().....
- 2..... Phone: ().....
- 3..... Phone: ().....

C5. Account Contact

.....

C6. Monthly Credit Requirement

C7. We normally retire our obligations in the following manner

- 7 days 14 days 30 days

I of have read, and understand, the credit terms and conditions outlined on page 5 of this form.

Signature of Applicant.....

Position.....

Date.....

D1 RETURN AND CREDIT OF GOODS

When returning goods for credit please complete and fax the Request for Credit Application form, download the form from the ACA Pacific web site (www.acapacific.com.au). Fill in details and fax the form for processing. The form will then be faxed back with a Return Authority (RA) number issued if credit is approved.

This form is NOT to be used to return faulty goods for credit. ACA Pacific will not credit faulty goods.

Return Authority (RA) numbers for warranty and credit returns are valid for 7 working days only.

All products returned for credit must be in original sealed unopened condition with all parts intact. Goods that do not meet this criterion will be returned and Invoice will be deemed payable.

Opened, damaged, soiled or registered software product will not be accepted and Invoice will be deemed payable.

Goods supplied by ACA Pacific and returned for credit within 14 days of ACA Pacific Invoice date will be credited to the value of the Invoice. Goods returned to ACA Pacific for credit within 15 – 30 days of ACA Pacific Invoice date will incur a restocking fee of 20% i.e. credit will be issued to the value of the Invoice less 20%.

Goods will not be accepted by ACA Pacific for credit any later than 30 days from date of the ACA Pacific Invoice, and any later than 7 days from date RA number was issued.

All returns are to be freight prepaid.

Please return the product to ACA Pacific with the RA number *clearly displayed on a sticky label on the outside of the shipping carton - do not write directly on the product or its retail packaging*. If RA number cannot be identified the product will be returned immediately at your expense.

D2 D.O.A (DEAD ON ARRIVAL) PRODUCTS

ACA Pacific D.O.A. Policy is 30 Days from date of Invoice.

Should you receive any ACA Pacific product, which is dead on arrival, you must notify the ACA Pacific RA Department by fax, within 30 days of the date of ACA Pacific Invoice.

Proof of purchase from ACA Pacific is required.

Complete the Request for Return Authority form, download the form from the Reseller/Downloads section on our web site (www.acapacific.com.au). Advise the date of purchase, ACA Pacific invoice number and the serial number of the product. Fax completed form to the RA Department, when form has been received you will be issued with a Return Authorisation (RA) number by return fax.

You must request an RA number via the RA fax service.

All returns are to be freight prepaid.

The RA number should be clearly displayed on a sticky label and placed on the outside of the shipping carton - do not write directly on the product or its retail packaging. If the RA number cannot be identified the product will be returned immediately at your expense.

We will replace the product within 5 working days of its receipt, (although exceptions to this may occur from time to time), and the product will be returned to you. If a product returned as “*dead on arrival*” is found not to be faulty, you will be charged a no-fault fee of \$80.

D3 Discontinued Products

ACA Pacific will, under instruction from its vendors, discontinue some products from time to time. Reseller's right to return these discontinued products may be limited.

D4 Warranty Returns Procedure

Complete the Request for Return Authority form. Advise the date of purchase, ACA Pacific invoice number and the serial number of the product. Fax completed form to the RA Department, when form has been received and warranty confirmed you will be issued with a Return Authorization (RA) number by return fax.

You must request an RA number via the fax; RA numbers will not be issued over the phone.

All returns are to be freight prepaid.

ACA Pacific will pay freight costs to return items replaced under warranty as per ACA Pacific normal freight services.

The RA number should be clearly displayed on a sticky label and placed on the outside of the shipping carton - do not write directly on the product or its retail packaging. If the RA number cannot be identified the product will be returned immediately at your expense.

We will replace the product within 5 working days of its receipt, (although exceptions to this may occur from time to time), and the product will be returned to you.

If a product returned is found not to be faulty, you will be charged a no-fault fee of \$80.

For all Imation products contact Imation directly on 1800 022 293.

Once the RA number has been issued, the goods must be returned within 7 days to the RA Department in Melbourne. The RA number should be clearly displayed on a sticky label and placed on the outside of the shipping carton – please do not write on the product or its retail packaging. If the RA number is not visible the product will not be accepted and will be returned to you.

The RA number is valid for seven (7) days. This number must be used in all future correspondence relating to the return.

ACA Pacific recommends product returned by post should be sent registered or certified mail. ACA Pacific accepts no responsibility for loss or damage occurring in transit on return to ACA Pacific.

Section E CREDIT ACCOUNT TERMS AND CONDITIONS

E1. Credit Limit Terms:

To be advised.

E2. Variation:

- a) Should any credit facilities provided become overdue, all such facilities shall be immediately suspended and trading will revert to C.O.D.
- b) In the event of any part of an approved credit facility becoming overdue, the whole of all outstanding amounts on the account shall become due and payable immediately, irrespective of any arrangements made in respect of individual items within the total account.
- c) Credit facilities may be withdrawn or varied by ACA Pacific Pty Ltd at any time at its absolute discretion.

E3. Title of Goods:

Notwithstanding that delivery of goods may have been made, title in any such goods provided by ACA Pacific Pty Ltd shall not pass to any party until payment in full has been received by ACA Pacific Pty Ltd. ACA Pacific Pty Ltd shall be entitled to unpaid vendors lien on all such goods and services until payment is so received.

E4. Conditions of Sale:

Orders placed with ACA Pacific Pty Ltd and accepted after signing of this acceptance will be supplied strictly subject to these conditions of sale. The placing of such orders shall be inclusive of the fact that the applicant has read, understands, and agrees to such conditions of sale.

E5. Freight:

The customer shall arrange collection of products ordered from ACA Pacific at its own cost. However ACA Pacific can arrange delivery of products ordered at the expense of the customer.