

NEW DAWN PRESS NEW RESELLER PARTNER KIT

Welcome to New Dawn Press Inc. (New Dawn). At New Dawn we value our customer relationships. In order to establish your reseller partnership with us, we ask that you fill out the enclosed Reseller application form and return it to us to the address listed below either by mail or by fax. Once we receive the completed documents, please allow 5-7 business days for your application to be reviewed. All applications are subject to approval; if approved you will be contacted and assigned an account number. Please Note: As of January 1, 2004, all reseller applications submitted without an order to New Dawn Press will be subject to a refundable application fee of \$ 50.00 if the application is approved. This fee will be refunded after one hundred twenty (120) calendar days to new customers whose accounts show net sales of \$500 or more in billed product during the first sixty (60) calendar days following the opening of the account.

All documents must be completed before your account can be opened and any activity started.

Please review the following checklist and submit all the following:

By mail to New Dawn Press, Inc. 244 South Randall Road #90, Elgin, IL 60123.

By fax to (847) 931 4066

- Completed Reseller Application.
- State Specific Sale and Use Tax Registration Certificate – download from the state you are registered in.
- Refundable Application Fee of \$50.00 if submitted without an order.
- Designate a New Dawn account user to access www.newdawnpress.com customer module.

DESIGNATE A NEW DAWN PRESS WEB SITE USER

New Dawn Press requires each reseller to have a user account and password to access the customer only module of the website to enable resellers to browse through the online catalog, place orders, access their account information and other features as they become available in the future.

Please provide the names, phone numbers and E-mail addresses of the individuals who will serve as primary and backup account users for your company.

Primary User Name	Phone Number	E-mail Address
Desired User ID for Primary User		Desired Password for Primary User
Secondary User Name	Phone Number	E-mail Address
Desired User ID for Secondary User		Desired Password for Secondary User

To request additional user Ids and passwords, the primary or secondary user listed above should contact Web Site Support by email or call us at 847-931-4230.



New Dawn Press, Inc.
244 South Randall Road #90
Elgin, IL 60123
Tel: (847) 931 4230



Account number
(For New Dawn Use Only)

Account number (For New Dawn Use Only)

RESELLER APPLICATION

DOCUMENTS MUST BE COMPLETED IN FULL BEFORE AN ACCOUNT IS OPENED

Have you had an account with New Dawn Press before? Yes No If yes, under what account name/number? _____

DESCRIPTION OF BUSINESS (Please type or print)

Date business established: _____ Length of time at current address: Years _____ Months _____

This business is a (check one): C-Corp, State of Incorporation _____ S-Corp, State of Incorporation _____

Sole proprietorship Partnership LLC (must enclose Articles of Organization)

Ownership: Public Private Federal Tax ID Number _____

Is this a parent corp. or subsidiary? Parent Subsidiary Parent or Subsidiary name _____

Legal Business Name – As it appears on business license (Required)

Officer's/Owner's Name (Required)

Business Trade Name – DBA (Required if using DBA name)

Title & E-Mail Address

Business Street Address – Bill To (Required)

Authorized Purchaser(s) (Must be listed to receive account info)

City, State, Zip Code County & Country

E-Mail Address

Business Phone Number(s) – Must be a listed business number

Authorized Purchaser(s) (Must be listed to receive account info)

Business Fax Number (Required)

E-Mail Address

Business Web Site Address

Authorized Purchaser(s) (Must be listed to receive account info)

Shipping Address (Required if other than bill to address)

E-Mail Address

Street Address

Authorized Purchaser(s) (Must be listed to receive account info)

City, State, Zip Code County & Country

E-Mail Address

Customer agrees to notify New Dawn Press of any changes of ownership of its business within ten (10) days, as set forth herein by certified mail to the appropriate address listed on page one.

TERMS REQUESTED: PREPAID (Wire Transfer, ACH) CREDIT CARD (MasterCard & Visa only)
(Indicate Preference) EFT/DIRECT DEBIT NET TERMS - Credit Line Requested \$ _____

THE BANK AND TRADE REFERENCES SECTION BELOW MUST BE COMPLETE TO BE CONSIDERED FOR NET TERMS OR EFT/DIRECT DEBIT.

BANK REFERENCES – PLEASE COMPLETE FULLY.

Bank Name Account Officer's Name Checking Account Number

Address (City, State, Zip code & Country) Savings Account Number

Telephone Number Fax Number Loan Number

Dun & Bradstreet Number # _____

TRADE REFERENCES (INDUSTRY RELATED PURCHASES DURING THE PAST 12 MONTHS)

Name Address Telephone # Account #

Name Address Telephone # Account

**(IF INCORPORATED, PROCEED TO THE SIGNATURE SECTION AT THE BOTTOM OF THIS PAGE)
THE FOLLOWING SECTION MUST BE COMPLETED IF DEALER IS NOT INCORPORATED
PRINCIPAL (Owner/Partner) INFORMATION (Use separate sheet if necessary to list 100% ownership)**

The undersigned individual who is either a principal of the credit applicant or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor in the credit evaluation process.

A signature is required for individuals releasing their credit history

Owner/Partner Name % Ownership Social Security Number Driver's License Number

Address (Street, City, State & Zip Code) Telephone Number

Have you ever filed for bankruptcy? Yes No If yes, which? Personal Business Date Filed: _____ Status: _____

Signature (Required) Title (Required) Date (Required)

Owner/Partner Name % Ownership Social Security Number Driver's License Number

Address (Street, City, State & Zip Code) Telephone Number

Have you ever filed for bankruptcy? Yes No If yes, which? Personal Business Date Filed: _____ Status: _____

Signature (Required) Title (Required) Date (Required)

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Have you ever filed for bankruptcy? Yes No If yes, which? Personal Business Date Filed: _____ Status: _____

Signature (Required) Title (Required) Date (Required)

This application and agreement is submitted by applicant to New Dawn Press Inc. (New Dawn), an Illinois Corporation, to obtain trade credit. New Dawn Press reserves the right to decline credit to any applicant. In the event credit is extended to applicant, New Dawn reserves the right at any time thereafter to change or revoke such credit for any reason, including but not limited to, credit policy changes by New Dawn Press, applicant's financial condition, applicant's payment record, applicant's failure to meet sales volume requirements established by New Dawn Press, and/or applicant's utilization of such credit limit. All product sales by New Dawn Press to applicant will be subject to New Dawn Press's standard Sales Terms and Conditions as published on New Dawn Press's website at www.newdawnpress.com at the time of sale. Any variance from those terms and conditions will be effective only if agreed to in writing by New Dawn Press prior to the time of sale. Customer acknowledges and agrees that New Dawn may send customer marketing and business communications from time to time via various means, including e-mail.

Customer agrees to make payment in full to New Dawn Press for all amounts due according to New Dawn Invoice(s). Customer also agrees to pay New Dawn Press, as interest, an amount equal to 1 1/2% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should customer default in any such payment(s), New Dawn Press shall have the right, without notice to customer, to declare all invoice amounts due and payable. In the event New Dawn should commence any action or actions, or otherwise seek to enforce this agreement against customer, customer agrees to pay reasonable attorney(s) fees, court costs, and other expenses incurred by New Dawn, whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without prior written consent of New Dawn. Customer agrees that any change in liability of any debts incurred to New Dawn due to a change in customer's form of business, shall not be effective as to New Dawn, until New Dawn receives actual notice of the change by certified mail. This application and agreement shall be construed, interpreted and enforced under and in accordance with the internal laws of the State of Illinois, excluding its conflicts or choice of law rule or principles which might refer to the law of another jurisdiction. Venue shall be Kane County, Illinois or Cook County, Illinois, as determined by New Dawn Press.

SIGNATURE SECTION

Applicant hereby agrees to the foregoing and authorizes the release of credit and banking information to New Dawn Press, Inc. by the references listed on this application. The following must be completed in order to have an account with New Dawn:

Signature (Required) Name (Required) Title (Required) Date (Required)