

By becoming an approved Final Draft, Inc. reseller, you will be joining our large extended family of companies who are providing the latest in scriptwriting tools for new and professional writers.

Once you are an approved Final Draft reseller, you may order via purchase orders subject to our Terms and Conditions. Our current purchase terms are net 30 days from receipt of product.

Please allow 7-10 working days for processing your application; a representative will contact you to confirm your reseller status.

GENERAL COMPANY INFORMATION:

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

BUSINESS PROFILE:

Organizational Type: ___Corporation ___Partnership ___Sole Proprietorship

Number of locations: _____

Business Classification: ___Retail Store ___Reseller ___Distributor ___VAR

Federal ID Number: _____

California Resale Number: _____
(Must provide copy with application)

How long in Business: _____

TRADE REFERENCES:

Company Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone _____ Fax _____

Length of Business Relationship _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Length of Business Relationship: _____

KEY COMPANY PERSONNEL

President: _____

Controller: _____

Accounts Payable Mgr.: _____

Accounts Payable Telephone: _____ Fax: _____

AUTHORIZATION:

The statements and information provided in this application and in any attached documents are true and complete to the best of my knowledge. I also understand and acknowledge the following:

- A) Inaccurate and/or false information may be grounds for termination of Reseller Agreement.
- B) By signature I hereby authorize any such person or business referenced herein to release any relevant information which Final Draft, Inc. may require to effect such verification.
- C) Applicant's signature attests to financial responsibility, ability and willingness to pay invoices in accordance with agreed terms.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Fax this completed form, along with a copy of your California Resale Certificate to 818-995-4422 or mail hard copies to: Final Draft, Inc. 26707 W. Agoura Road, Suite 205 Calabasas, CA 91302