



## NMEDIA SYSTEM INC.

5051 Stone Canyon Drive  
Castro Valley CA 94552  
[Accounting@nmediapc.com](mailto:Accounting@nmediapc.com)

### Instructions

1. Please complete the following **two pages** Account Setup Form.
2. Please attach a copy of your Resale Permit.
3. Please return your Account Application Form to NMEDIA SYSTEM either by mail or by email.

## Reseller Account Setup

_____ Legal Business Name (same as business license)	_____ Dun and Bradstreet Number (D&B # if applicable)
_____ DBA (Doing Business As)	_____ Owner
_____ Billing Address (No P.O. Boxes please)	_____ President
_____ City	_____ CEO / CFO
_____ State / Zip Code	_____ Authorized Purchaser
_____ Business Phone Number	_____ E-mail Address
_____ Business Fax Number	_____ Business Website Address

This company is a

Sole Proprietorship       Partnership       LLC       Corporation

Federal Tax I.D. Number: \_\_\_\_\_

Social Security Number: (Sole only) \_\_\_\_\_

**Resale Information**

FIRM NAME: \_\_\_\_\_

I HEREBY CERTIFY, that I hold a valid seller's permit # \_\_\_\_\_  
\_\_\_\_\_ issued pursuant to the Sales and Use Tax  
law; that I am engaged in the business of selling \_\_\_\_\_;

that the tangible personal property described herein which I shall purchase from nMedia System, Inc. will be resold by me in the form of tangible property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business. It is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: \_\_\_\_\_

Signed at: \_\_\_\_\_  
(Location of the business)

Phone: \_\_\_\_\_

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The applicant hereby authorizes the release of credit and banking information by the references listed in this application to Ma Laboratories, Inc.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title