



## NMEDIA SYSTEM INC.

5051 Stone Canyon Drive  
Castro Valley CA 94552  
[Accounting@nmediapc.com](mailto:Accounting@nmediapc.com)  
Fax: 510.372.0416

### 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 fax.

## 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: \_\_\_\_\_

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