



Bemacash Reseller Application

Dear Valued Partner,

Thank you for your interest in becoming a Bemacash Reseller.

Bemacash brings one of the most cost effective point-of-sale cloud cash register solutions to POS resellers and merchant service providers looking to capitalize on the growing cloud-based POS market. Bemacash is a cloud cash register solution designed for retailers, concessions, events, quick service restaurants and more.

We are seeking strong long-term partnerships that will ensure lasting success to your business and ours. Please complete and return the Bemacash Reseller Application to join our family of successful entrepreneurs.

Sincerely,
The Bemacash Team

Company Information:

Bematech
999 So. Oyster Bay Rd.
Bldg. 104
Bethpage, NY 11714
Phone: 516-248-0400 ext.1426
Fax: 516-495-4075
www.bemacashus.com

Customer Support Hours of Operation:

Monday - Friday: 9am - 6pm EST
Saturday: Closed
Sunday: Closed

Important Company Email Addresses:

Customer Support: support@bemacashus.com
Sales Support: sales@bemacashus.com

Instructions

Applicants should fully complete all sections. Please signify items that are not applicable with "N/A." Incomplete information will delay processing of the application.

Company Information

Legal Name of your organization

Private Company

Public Company

Stock Symbol

Date of Incorporation

Office Address 1

City

Office Phone Number

Office Fax Number

DBA (Doing Business As)

Tax ID Number

D&B Number

Office Address 2

State

Zip

Country

Website Address

Contact Information

Sales Contact

Sales Phone Number

Sales Contact Email Address

Billing Contact

Billing Phone Number

Billing Contact Email Address

Customer Support Contact

Customer Support Phone Number

Customer Contact Support Email Address

Business Profile

Describe your business. What is unique about your value proposition?

Why do you wish to become a reseller?

What is your company's annual revenue?

Do you have any branch offices?

- No
- Yes. If yes, how many?

Number of full-time employees:

Number of Sub Agents, if any:

Number of merchants signed (last year):

Number of merchants (total):

Target Merchant Industries

Covered Territories

- Local
- Regional
- National
- International

Do you have experience selling point-of-sale software similar to those offered by Bemacash? If yes, please explain.

List solutions similar to Bemacash that your company is currently reselling from other providers.

If reselling similar solutions, from whom do you currently purchase them?

If reselling similar solutions, how long have you been selling them?

Do you currently have a relationship with a Payment Processor(s)? If yes, please provide the name of the processor.

What is your distribution model?

Business Profile (continued)

Please name three vendor references with whom you are currently doing business and include their contact information, including Company Name, Contact Name, Phone Number and E-Mail:

How do you expect to promote Bemacash?
(Check all that apply)

- Web
 - Page Exposure
 - Paid Advertising
 - SEO (Search Engine Optimization)

- Email Marketing
- Mail Marketing
- Print Advertising
- Events
- Literature
 - Catalog
 - Brochure
 - Other

- Promotional Programs
- Please explain:

Referral Information

How did you hear about us? (Check all that apply and name the specific source)

- Website / Search Engine

- Newspaper / Magazine Article

- Social Network

- Advertisement

- Web Advertisement

- Tradeshow

- Marketing Email

- Other

Applicant Information

Officer #1 Name

Title

Phone Number

Email Address

Officer #2 Name

Title

Phone Number

Email Address

Acceptance

I certify that I am an authorized officer of the Company and by signing this document, I authorize the Company to apply to become a Bemacash Reseller. I understand that Bematech will use the information found in the background and credit checks to periodically evaluate the Company's viability to become and remain a Sales Partner.

Officer Name

Title

Date

Signature