



NON-DISCLOSURE AGREEMENT

PLEASE READ AND COMPLETE THE FOLLOWING NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT.

I, the undersigned potential Technology Representatives Inc., Reseller, in consideration for Technology Representatives Inc. providing me with information on the Technology Representatives Inc. Reseller program and pricing (hereafter referred to as program/pricing), understand and agree:

- That information provided on the Reseller program/pricing is sensitive and confidential.
• That I will not disclose any information regarding the program/pricing to any other person who has not also signed and dated this agreement, except to secure their advise and counsel, in which case I agree to obtain their consent to maintain such confidentiality.
• All information provided to review the program will be returned to Technology Representatives Inc. upon request without retaining copies, summaries, analyses or extracts thereof in the event the review is terminated.
• That I will not contact Technology Representatives Inc. vendors, suppliers or customers except with written permission of Technology Representatives Inc.
• That, prior to finalizing an agreement to become an authorized Reseller, it is my responsibility to make an independent verification of all information.
• That, should I enter into an agreement to become a Technology Representatives Inc. Reseller, I grant permission to Technology Representatives Inc. the right to obtain, through standard reporting agencies, financial and credit information concerning myself or the companies or other parties I represent and understand that this information will be held confidential by Technology Representatives Inc. and will only be used for the purposes of Technology Representatives Inc. extending credit to me.

AGREED TO AND ACCEPTED:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_
Company Name: \_\_\_\_\_

CREDIT CARD AUTHORIZATION

I AUTHORIZE THE USE OF MY CREDIT CARD TO SECURE PAYMENT FOR THE FIRST (2) ORDERS AT TECHNOLOGY REPRESENTATIVES INC. I ALSO UNDERSTAND THAT FAILURE TO SETTLE MY ACCOUNT ON TERMS OF NET 30 WILL ALSO BE CHARGES TO MY CREDIT CARD.

Company Name: \_\_\_\_\_
Cardholder Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_
Billing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Card Holder Phone#: \_\_\_\_\_
Credit Card #: \_\_\_\_\_
Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Security Code (CVS): \_\_\_\_\_

Signature: \_\_\_\_\_

(NOTE: An image of the front and back of the Credit Card and an image of the front and back of the Cardholders Drivers License must accompany this form)