



## **RESELLER AGREEMENT**

made and entered into by and between –

### **RETAIL STOCK SOLUTIONS CC T/A HRK GAUTENG**

Registration No.: 96/62319/23

and

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Registration No. \_\_\_\_\_

# Reseller Application Form



## Company Information:

**Trading Name:**

**Registered Name:**

**Registration Number:**

**Date of Incorporation:**

**Vat. No.:**

**Physical Address:**

**Postal Address:**

**Telephone Number/s:**

**Fax Number:**

**E-mail:**

**Directors/Shareholders Information:**



**Business Status:**

Sole Proprietor

Close Corporation

PTY Ltd.

Other

**Directors/Members Details:**

<b>Name:</b>	
<b>Residential Address:</b>	
<b>e-mail:</b>	
<b>Cell No.:</b>	
<b>% Share:</b>	

<b>Name:</b>	
<b>Residential Address:</b>	
<b>e-mail:</b>	
<b>Cell No.:</b>	
<b>% Share:</b>	

<b>Name:</b>	
<b>Residential Address:</b>	
<b>e-mail:</b>	
<b>Cell No.:</b>	
<b>% Share:</b>	

**Primary Contact:**

**Position:**

**Phone:**

**E-Mail:**



**Financial Information:**

**Account Contact:**

**Fax no.:**

**Phone:**

**E-Mail:**

**Bankers:**

**Type of Account:**

**Account Number:**

**Branch or Branch Code:**

**Would you require credit? & If yes, for what amount?**

**If Yes, Please attach latest audited financial statements.**

**Help us to get to know you**

**Do you currently provide any of the following to your customers?**

<b>Point of Sale</b>		<b>If Yes, which one?</b>	
<b>Stock Management</b>		<b>If Yes, which one?</b>	
<b>Hardware Vendor</b>		<b>If Yes, please list 2 suppliers.</b>	
<b>Network Provider</b>			
<b>IT Development</b>		<b>How many developers?</b>	
<b>IT Consulting</b>		<b>For which products?</b>	
<b>Workshop Repairs</b>		<b>How many technicians?</b>	
<b>Field Services</b>		<b>How many technicians?</b>	
<b>Training</b>		<b>For which products?</b>	



**Describe your current key business areas?**


**Number of Employees:**

Admin	Sales	Support & Training	Workshop Technicians	Field Technicians	Developers	Other

**What area/s do you currently service?**

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**How did you hear about the HRK Reseller Program?**

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**Have you ever offered any other Point of Sale Solution? If so, which one? And for how long?**

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**Have you offered other services to the retail or hospitality industry? If so, please mention.**

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**Do you currently have support staff and field technicians available 24/7? If not, please state when they are available.**

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**What is your Companies current primary target market?**

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**How much Point of Sale Revenue would your Company like to generate over the next 12 months?**

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**Estimated Goal for HRK Installations.**

Period after sign up.	No. of sites
6 months	
1 year	
2 year	
3 year	



**Would you like us to assist you in achieving these goals, or are you able to generate your own sales?**

**How many of your team members would you like to train on HRK?**

**Is your team available to attend training at our Gauteng or KZN branches?**

**Who will you choose as your HRK champion?**

**Please tell us a bit about this key person?**

  
  
  
  

**Do you have any further questions, comments or wish to add any further information in support of your application?**

  
  
  

I, \_\_\_\_\_ (please print name) of the above company hereby declare that I have the right to sign and thereby engage the Company in this application, and that I have answered all questions in this application fully and truthfully.

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

**Date:** \_\_\_\_\_

**Thank you for your application. Once complete, please e-mail this application to [karin@hrk.co.za](mailto:karin@hrk.co.za). We shall respond to you within 48 hours.**