



RESELLER APPLICATION

The following information will be used to open an application at Xsilva Systems Inc for a reseller license, granting the accorded reseller the right to sell licenses of Xsilva LightSpeed.

Company Name: _____

Business Status: Sole Proprietor Partnership Incorporation Other: _____

Primary Contact Name: _____ Position: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____ Web Address: _____

Company Address: _____

City: _____ Province/ State: _____

Country: _____ Postal/Zip Code: _____

Business Number: _____ Tax exemption certificate No: _____
(see section 15 of Reseller Agreement)

No of Locations: _____ Total No of Employees: _____

Do you sell solutions in addition to hardware? If yes, please provide some details:

How many copies of Xsilva LightSpeed do you feel you could sell over the next year? _____

How did you come to that figure? _____

I have read and hereby agree to the terms and conditions set forth in the Reseller Agreement

I _____ (please print name) of the above listed company hereby declare that I have the right to sign for and thereby engage the Company.

Signature: _____ Date: _____

Thank you for your application. Please fax this application to 514-907-1883. One of our consultants will review your application and contact you.

If you have any questions, do not hesitate to contact us at 514-907-1801, or e-mail: reseller@xsilva.com.